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(Address)

(Address)

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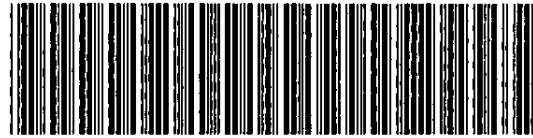
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TALLAHASSEE FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: REIKI RAYS OF HOPE FOR CAREGIVERS, INC.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Good Standing" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

DOROTHEA J. KINGSBURY
Name of Person
KINGSBURY LAW
Firm/Company
30195 CHAGRIN BLVD., #110
Address
CLEVELAND, OH 44124
City/State and Zip Code
dkingsbury@kingsburylaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dorothea J. Kingsbury at (216) 464-1116
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. REIKI RAYS OF HOPE FOR CAREGIVERS, INC.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. OHIO

(State or country under the law of which it is incorporated)

3. 20-8643510

(FEI number, if applicable)

4. MARCH 26, 2007

(Date of Incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. N/A

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 9592 Dublin Lane, Mentor, OH 44060

(Principal office address)

In OH: 9592 Dublin Ln., Mentor, OH 44060 In FL: 2780 Donald Ross Rd., E., Sarasota, FL 34240

(Current mailing address)

THE CORPORATION IS FORMED TO PROVIDE EDUCATION AND TRAINING IN REIKI TO INDIVIDUAL AND INSTITUTIONAL CAREGIVERS OF DEMENTIA PATIENTS.

8.

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: D. J. RANGEL

Office Address: 2780 DONALD ROSS RD., E.

SARASOTA

(City)

Florida 34240

(Zip Code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

D.J. Rangel

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: SEE ATTACHED LIST OF DIRECTORS

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: JUDITH E. McCRACKEN

Address: 9592 DUBLIN LANE

MENTOR, OH 44060

Vice President: _____

Address: _____

Secretary: MARY ELLEN LUCAS

Address: 8445 BUSHNELL COURT, MENTOR, OH 44060

Treasurer: MARY ELLEN LUCAS

Address: 8445 BUSHNELL COURT, MENTOR, OH 44060

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Judith E. McCracken
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

SIGN HERE

14. JUDITH E. McCRACKEN, President
(Typed or printed name and capacity of person signing application)

**ADDENDUM TO APPLICATION FOR FOREIGN NOT FOR PROFIT
CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

Question 12: List of Directors (Trustees):

President and CEO

Judith E. McCracken
9592 Dublin Ln.
Mentor, OH 44060

Director of Operations

Mary Ellen Lucas
8445 Bushnell Ct.
Mentor, OH 44060

Trustees:

Arlene Fine
25415 South Woodland
Beachwood, OH 44122

Gherardo Piccin
1805 Silver St.
Wickliffe, OH 44092

Sean W. Shacklett
3708 Braemar Dr.
Richfield, OH 44286

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TALLAHASSEE, FLORIDA

**United States of America
State of Ohio
Office of the Secretary of State**

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show REIKI RAYS OF HOPE FOR CAREGIVERS, INC., an Ohio not for profit corporation, Charter No. 1688946, having its principal location in Mentor, County of Lake, was incorporated on March 26, 2007 and is currently in GOOD STANDING upon the records of this office.

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TALLAHASSEE, FL 32312



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 8th day of June, A.D. 2012*

Jon Husted

Ohio Secretary of State