

F 12000004774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

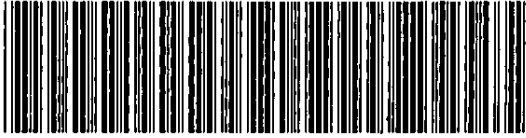
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
~~W12 54439~~

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

114

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** OPEN ARMS FOUNDATION INTERNATIONAL, 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:

HEBERT EUGENE

Name of Person

NONE

Firm/Company

2402 SW GARCIA AVE

Address

PORT ST LUCIE, FL 34953

City/State and Zip Code

ALBERTCIUS@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALBERT CIUS

Name of Person

at ( 617 )

543-4649

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 24, 2012

HEBERT EUGENE  
2402 SW GARCIA AVE  
PORT ST LUICE, FL 34953

SUBJECT: OPEN ARMS FOUNDATION INTERNATIONAL, INC.  
Ref. Number: W12000054439

We have received your document for OPEN ARMS FOUNDATION INTERNATIONAL, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 212A00026163

**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. OPEN ARMS FOUNDATION INTERNATIONAL 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. MASSACHUSETTS 3. 80-0288134  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 22, 2009 5. 3 YEARS  
 (Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NONE  
 (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 2402 SW GARCIA AVE PORT ST LUCIE, FL 34953  
 (Principal office address)

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 TALLAHASSEE, FLORIDA

- SAME AS ABOVE  
 (Current mailing address)
8. OUR PURPOSE IS TO PROVIDE SUPPORT FOR THOSE LIVING IN NEED  
 (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: HEBERT EUGENE

Office Address: 2402 SW GARCIA AVE

PORT ST LUCIE, Florida 34953  
 (City) (Zip Code)

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.*

  
 (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.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: ALBERT CIUS

Address: 445 SOUTH BROADWAY LAWRENCE, MA 01843

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: JAMES OSIUS

Address: 182 SHERIDAN AVE MEDFORD, MA 02155

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: ALBERT CIUS

Address: 445 SOUTH BROADWAY LAWRENCE, MA 01843

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

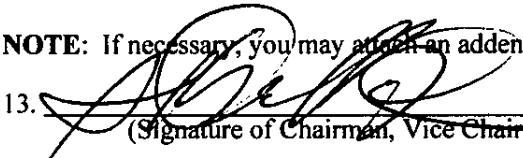
Secretary: SADRAQUE BEAUCICOT

Address: 117 HIGH STREET MALDEN, MA 02148

Treasurer: WILLIAM FRANCOIS

Address: 56 MEADOW CT. APT 3 LYNN, MA 01904

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

13.  \_\_\_\_\_  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ALBERT H. CIUS / CHAIRMAN OF THE BOARD  
(Typed or printed name and capacity of person signing application)



*The Commonwealth of Massachusetts*  
*Secretary of the Commonwealth*  
*State House, Boston, Massachusetts 02133*

**William Francis Galvin**  
Secretary of the  
Commonwealth

**November 8, 2012**

TO WHOM IT MAY CONCERN:

I hereby certify that according to the records of this office

**OPEN ARMS FOUNDATION INTERNATIONAL INC.**

is a domestic corporation organized on **June 22, 2009 (Chapter 180)**.

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.

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SECRETARY OF STATE  
TALLAMASSEE, FLECHSA



In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

*William Francis Galvin*

Secretary of the Commonwealth