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PICK-UP	☐ WAIT	MAIL
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(Bu	isiness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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13 OCT 28 AMII: 45

or 10/29/13

#### **COVER LETTER**

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

#### LIVING HOPE ADOPTION AGENCY

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 Status" 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:

Samuel Fang	
Name of Person	
Living Hope Adoption Agency	
Firm/Company	
449 Pennsylvania Avenue	
<del></del>	<b>13</b> OCT 28
Address	28
Fort Washington, PA 19034	VH 11: 45
City/State and Zip Code	≡
kkutzner@livinghopeadoption.org	2
E-mail address: (to be used for future annual report notification)	-

For further information concerning this matter, please call:

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215 540-8999
Area Code & Daytime Telephone Number

Name of Person

#### **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:

, LIVING HOPE ADOPTION AGENCY		
(Name of corporation: must include the word "INCORPORAT import in language as will clearly indicate that it is a corporation in the name at present. "Company" or "Co." may not be used a	ED" or "CORPORATION" or words or abbreviation instead of a natural person or partnership if not so as a corporate suffix by a nonprofit corporation.)	ms of like o contained
	3 23-2820149	
(State or country under the law of which it is incorporated)	(FEI number, if applicable)	
4. January 10, 1994	<sub>5.</sub> Perpetual	
(Date of Incorporation)	(Duration: Year corp. will cease to exist or "per	petual")
6.	·	
(Date first conducted affairs in Florida if prior to registration. Sec	e sections 617.1501 & 617.1502, F.S, to determine pe	nalty liability.)
<sub>7.</sub> 449 Pennsylvania Avenue, Fort Was	hington, PA 19034	
(Principal	office address)	
449 Pennsylvania Avenue, Fort Wash	ington, PA 19034	
<b>▼</b>	mailing address)	
8 Adoption Services		
(Purpose(s) of corporation authorized in home state or country	y to be carried out in the state of Florida)	
9. Name and street address of Florida registered agent: (P.	O Roy NOT accentable)	3 VISION SEC
7. Plante and <u>street address</u> of Plonda registered agent. (1.	.o. Dox <u>1401</u> acceptable)	SIGN O
<sub>Name:</sub> Sharon Bradshaw		72
Name:		<b>8</b> 84
Office Address: 8000 Hawkins Road		를 끊음
-		=
Sarasota	, Florida 34241	OF STATE
(City)	(Zip Code)	F5 TIONS

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.

12. Names and addresses of officers and/or directors

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

A. DIRECTORS	SECRETARY OF STATE OIVISION OF CORPORATIONS	
Chairman: Robin Horner	13 OCT 28 A	MII: 45
Address: 400A Lynn Road		
Blountville, TN 37617		
Vice Chairman:		
Address:		
Director: Dr. Michael Cline	<del></del>	<u> </u>
Address: 8025 Peck Road	AB	
Ravenna, OH 44266		
Dr. Priscilla Tsao		
Address: 265 West Magna Vista Avenue		
Arcadia, CA 91007		
B. OFFICERS		
President: Samuel Fang		_
Address: 105 Carlisle Court		
Lansdale, PA 19446		
Vice President:		·
Address:		<del></del>
Secretary: Dennis Gudz		
Address: 15 Judge Thompson Road, Somerville, NJ	08876	
Treasurer: Lily Fang		
Address: 105 Carlisle Court, Lansdale, PA 19446		
NOTE: If necessary, you may attach an addendum to the application lists	<del></del>	
13. (Signature of Chairman, Vice Chairman, or any officer listed i	n number 12 of the application	<u>)·</u>
14. Samuel Fang, Executive Director		·
(Typed or printed name and capacity of person s	igning application)	

## COMMONWEALTH OF PENNSYLVANIA FILED DEPARTMENT OF STATE DIVISION OF CORPORATION

**OCTOBER 11, 2013** 

13 OCT 28 AMII: 45

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### LIVING HOPE ADOPTION AGENCY

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

**Secretary of the Commonwealth** 

Certification Number: 11386108-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp