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(Requestor's Name)				
(Address)				
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(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
· (Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
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05/11/15--01021--001 \*\*70.08

07/12/16--01016--003 \*\*561.25





### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 13, 2016

OLIVIA TURNER 7378 W ATLANTIC BLVD 432 POMPANO BEACH, FL 33063

SUBJECT: REFUGE FOR WOMEN-SOUTH FLORIDA, INC

Ref. Number: W16000035356

We have received your document for REFUGE FOR WOMEN-SOUTH FLORIDA, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$561.25.

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) 245-6051.

Justin M Shivers Regulatory Specialist III Registration/Qualification Section

Letter Number: 916A00010179

	C	OVER LETTER	<b>1</b>	pages	5 Includin
	egistration Section vivision of Corporations			cover	5 Includin
SUBJEC	Refuge For Women-South Flor	ida, Inc			
SCEC	Name of	Corporation – must in	clude suffix		t
Dear Sir o	or Madam: Attn: Carol RE:	W15000034811			
Affairs in	sed "Application by Foreign No Florida", "Certificate of Existent e above referenced not for profi	nce", or "Certificate of	`Status" and o	check are sub	
Please reti	urn all correspondence concerni	ng this matter to the fo	ollowing;		
	Olivia Turner				
		Name of Person			
	Refuge For Women		•		276 MAY 13
		Firm/Company			
	7378 W Atlantic Blvd 432		<u>.</u> ,		
			, ,• .		PH 1:01
		Address		,	01 DA
	Pompano Beach, FL 33063				
	C	ity/State and Zip Code	;		
	Olivia.Turner@refugeforwon	nen.org			
	E-mail address: (to be	used for future annua	l report notifi	cation)	
For furthe	r information concerning this m	atter, please call:			
Olivia Tur		954 at ()	482-1927		
	Name of Person	Area Code	Daytime T	elephone Nu	mber
Ro D P.	egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314		Registration Division of Clifton Buil	Corporations ding tive Center C	3

Enclosed is a check for the following amount: previous paid per our correspondences

□ \$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

## CONDUCT ITS AFFAIRS IN FLORIDA See Articles Attached APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO

1.	FELORIDA:  Tomen-South Florida, Inc.	TERM MOORDON ATTONIA	
import in langu- in the name at p Refuge For Wo	age as will clearly indicate that it is a corporat resent. "Company" or "Co." may not be used	TED" or "CORPORATION" or words or abbreviation instead of a natural person or partnership if not so as a corporate suffix by a nonprofit corporation.)	contained
		me adopted for the purpose of transacting business in I	Florida)
Kentucky		26-4388243	
4/10/2016	ntry under the law of which it is incorporated)		
7/1/2015	Date of Incorporation)	5(Date of duration, if other than perpetual	1)
(Date first cond	ucted affairs in Florida if prior to registration. S	ee sections 617.1501 & 617.1502, F.S, to determine pen	alty liability.)
7278 W Atlant	ic Blvd #432, Margate, FL 33063		
	(Principa	l office address)	
<del></del>	(Current mailir		
	(Curcii mam	ng address, if different)	
Non-nrofit cor			vices.
3.	npany to help exploited women leave the sex	industry through residential program that privides serv	vices.
(Purpose(s) of	npany to help exploited women leave the sex corporation authorized in home state or count	industry through residential program that privides servery to be carried out in the state of Florida)	vices.
(Purpose(s) of	npany to help exploited women leave the sex	industry through residential program that privides servery to be carried out in the state of Florida)	vices.
(Purpose(s) of A. Name and str	npany to help exploited women leave the sex corporation authorized in home state or count	industry through residential program that privides servery to be carried out in the state of Florida)	vices.
Purpose(s) of  Name and str  Name:	npany to help exploited women leave the sex corporation authorized in home state or count eet address of Florida registered agent: (F	industry through residential program that privides servery to be carried out in the state of Florida)	rices. 16 JUL 12
(Purpose(s) of A. Name and str	npany to help exploited women leave the sex corporation authorized in home state or count eet address of Florida registered agent: (Folivia Turner  7378 W Atlantic Blvd #432  Margate	industry through residential program that privides servery to be carried out in the state of Florida)  P.O. Box NOT acceptable)  Florida  33063	rices. 16 JUL 12 AM
Purpose(s) of  Name and str  Name:	npany to help exploited women leave the sex corporation authorized in home state or count eet address of Florida registered agent: (FOIIVIA Turner 7378 W Atlantic Blvd #432	industry through residential program that privides serving to be carried out in the state of Florida)  P.O. Box NOT acceptable)	vices. 16 JUL 12 AM 7: 4
Purpose(s) of  Name and str  Name:  Office Address:	npany to help exploited women leave the sex corporation authorized in home state or count eet address of Florida registered agent: (For Colivia Turner  7378 W Atlantic Blvd #432  Margate  (City)  Lagent's acceptance:	industry through residential program that privides servery to be carried out in the state of Florida)  P.O. Box NOT acceptable)  Florida 33063  (Zip Code)	16 JUL 12 AH 7:41
Purpose(s) of  Name and str  Name:  Office Address:  10. Registered Having been nadesignated in the	npany to help exploited women leave the sex corporation authorized in home state or count eet address of Florida registered agent: (For the form of th	industry through residential program that privides service of process for the above stated corporation intment as registered agent and agree to act in the state of Florida.	n at the place his capacity. I
Purpose(s) of  Name and str  Name:  Office Address:  10. Registered Having been nadesignated in the	corporation authorized in home state or count eet address of Florida registered agent: (Florida Turner 7378 W Atlantic Blvd #432 Margate (City)  I agent's acceptance: size application, I hereby accept the appoint of amiliar with and accept the obligation.	ry to be carried out in the state of Florida)  P.O. Box NOT acceptable)  Florida  (Zip Code)  ervice of process for the above stated corporation intment as registered agent and agree to act in the state of Florida as of my position as registered agent.	n at the place his capacity. I

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.

Authentication number: 176303

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate. pdf attached

12. Names and addresses of officers and/or directors

A. DIRECTORS Olivia Turner	
Chairman: 7378 W Atlanitic Blvd #432, Margate, FL 33063	
Address:	
Vice Chairman:	
Address:	
Barbara Rountree Director: 7378 W Atlantic Blvd #432, Margate, FL 33063	
Address:	
Director:	
Address:	
B. OFFICERS Olivia Turner	76 N.L.
President: 7378 W Atlantic Blvd #432, Margate, FL 33063	
Address:	
Vice President:	
Address:	
Marilda Janse van Rensburg Secretary:	
7378 W Atlantic Blvd #432, Margate, FL 33063 Address:	
Brian Johnson Treasurer: 7378 W Atlantic Blvd #432, Margate, FL 33063	
Address:	
NOTE: If necessary, you may attach an addendum to the	
(Signature of Chairman, Vice Chairman, or an Olivia Turner	y officer listed in number 12 of the application)
(Typed or printed name and cans	acity of person signing application)

### Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

### **Certificate of Existence**

Authentication number: 176303

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

### REFUGE FOR WOMEN-SOUTH FLORIDA, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 14A and KRS Chapter 273, whose date of incorporation is April 10, 2015 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 10<sup>th</sup> day of May, 2016, in the 224<sup>th</sup> year of the Commonwealth.



Alison Lundergan Grimes

undergan Crimes

Secretary of State

Commonwealth of Kentucky

176303/0919233