

F16000004539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

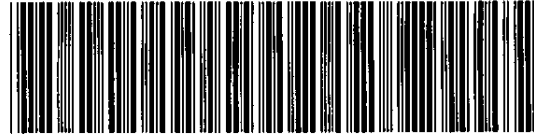
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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**CORPORATE
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INC.**

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WALK IN

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- CERTIFIED COPY _____
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1. Hidden Wounds Foundation Inc.
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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. Hidden Wounds Foundation, 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.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Indiana 3. 81-13921294
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/1/2016 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 3 Grant Square, #321, Hinsdale, IL 60521
(Principal office address)

(Current mailing address, if different)

8. To facilitate alcohol and drug recovery of Armed Service Veterans by providing positive activities and also through support groups
(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: Registered Agents Inc.

Office Address: 3030 N. Rocky Point Dr., Ste. 150A

Tampa, Florida 33607
(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.

Bill Hauve
(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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TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Israel F. Toledo

Address: 3 Grant Square, #321, Hinsdale, IL 60521

Director: Brandon Donald Holmes

Address: 2346 Meadow Lane, Schererville, IN 46375

B. OFFICERS

President: Israel F. Toledo

Address: 3 Grant Square, #321, Hinsdale, IL 60521

Vice President: Brandon Donald Holmes

Address: 2346 Meadow Lane, Schererville, IN 46375


Secretary: _____

Address: _____

Treasurer: Maria Evarista Alfaro

Address: 1341 Brookside Drive, Apt. B2, Munster, IN 46321

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. Israel F. Toledo, President
(Typed or printed name and capacity of person signing application)

Christine M. Gericke



Addendum to Application to Foreign Qualify

Director: Maria Evarista Alfaro

Address: 1341 Brookside Drive, Apt. B2, Munster, IN 46321

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Indiana
Office of the Secretary of State

Certificate of Existence

FILED
2016 OCT 10 AM 8:30
STATE OF INDIANA
TALLAHASSEE, FLORIDA

To Whom These Presents Come, Greeting:

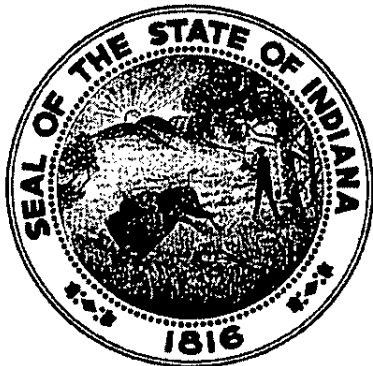
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

HIDDEN WOUNDS FOUNDATION INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on February 01, 2016, and was in existence or authorized to transact business in the State of Indiana on October 05, 2016.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, October 05, 2016

Connie Lawson

Connie Lawson
SECRETARY OF STATE

2016020100674 / 2016120351

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>