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(Requestor's	Name)
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April 3, 2018

JASON GOLDER 240 W PALMETTO PARK RD SUITE 300 BOCA RATON, FL 33432

SUBJECT: HISH AMERICA OPIOID AWARENESS FOUNDATION

CORPORATION

Ref. Number: W18000031732

We have received your document for HISH AMERICA OPIOID AWARENESS FOUNDATION CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The jurisdiction under the laws of which the entity is incorporated or organized must be included in the document.

Please return 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.

Dionne M Scott Regulatory Specialist II

Letter Number: 418A00006658

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Sorit & Truth 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:	
JASON Colder Name of Person	
HishAmerica Opioil Autreness Foundation Firm/Company	
240 W Pelmetto PIC Rd #300	
Boca Ration FL 33432  City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (56) 213 - 4329  Area Code Daytime Telephone Number	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET/COURIER ADDRESS: Registration 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 \$\ \times \tag{878.75} \text{ Filing Fee & \times \tag{287.50}  Filing Fee, \text{ Certificate of Status & \text{ Certificate of St	

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: (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) tate or country funder the law of which it is incorporated) (Date of Incorporation) (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.) +0 Park Road Suit 300 Buck Redun (Principal office address) (Current mailing address, if different) NON PROFET ORCIVEZATION - Church
(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) Office Address: Florida 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.

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.

(Registered agent's signature)

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

A. DIRECTORS	
Chairman: Jason Golden	
Address: 34 Crossgate Court	
Address: 34 Crossgate Court Pooler, GA 31322	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS  President: Michael A Trenga  Address: 1725 Victoria Ave  Arnold PA 15068	
Vice President: Michael A King	U j
Address: 10331 NW 11 S+	. )
Plantation FL, 33322	
Secretary: 1500 bara truga	
Address: 1725 Victoria Ava And PA	15068
Treasurer: Barbara Tornaga	
Address: 1725 Victoria Au Arnold ?	DA 15068
NOTE: Harcessary, you may attach an addendum to the application listing additional officer  13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the a	
14 JASON COldes Chairnes	-pp://www.011/
(Typed or printed name and capacity of person signing application)	

## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

03/29/2018

#### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT.

Spirit & Truth

is duly registered as a Pennsylvania Non-Profit (Non Stock) under the laws of the Commonwealth of Pennsylvania and remains subsisting 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

Acting Secretary of the Commonwealth

Certification Number: TSC180329130973-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify