

F18000004373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

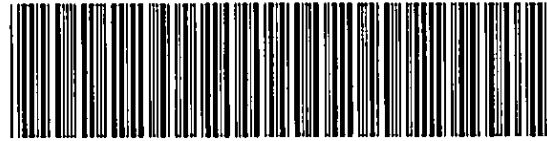
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/24/18--01002--001 **1786.25

03/22/18--01121--016 **70.00

FILED

2018 SEP 21 PM 4: 01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

AUG 21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Open Arms Foundation, 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 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:

Kellye Clouse

Name of Person

MAA

Firm/Company

6815 Poplar Ave

Suite 500

Address

Germantown, TN 38138

City/State and Zip Code

openarmscharityregistrations@maac.com

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

For further information concerning this matter, please call:

Trey McGowan

at (404)

846-5016

Name of Person

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 \$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

2018 08 27 10:00 AM
INFORMATION SERVICES

August 27, 2018

KELLYE CLOUSE
6815 POPLAR AVE, SUITE 500
GERMANTOWN, TN 38138

SUBJECT: OPEN ARMS FOUNDATION, INC.
Ref. Number: W18000077267

We have received your document for OPEN ARMS FOUNDATION, 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):

✓ Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$1,786.25.

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) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 718A00017749

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, 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. Tennessee 3. 62-1612269
(State or country under the law of which it is incorporated) (FEL number, if applicable)

4. 7/10/1995 5.
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 04/01/1997
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 6815 Poplar Ave, Suite 500, Germantown, TN 38138
(Principal office address)

(Current mailing address, if different)

8. Provides temporary housing to individuals who must travel to receive medical treatment.
(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: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(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.

Angel Shearer
(Registered agent's signature)
Angel Shearer
Assistant Secretary

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.

FILED
2018 SEP 21 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Amber Fairbanks
Address: 6815 Poplar Ave, Suite 500
Germantown, TN 38138

Vice Chairman: Ashley Buske
Address: 6815 Poplar Ave, Suite 500
Germantown, TN 38138

Director: Jackie Melnick
Address: 6815 Poplar Ave, Suite 500
Germantown, TN 38138

Director: Melanie Carpenter
Address: 6815 Poplar Ave, Suite 500
Germantown, TN 38138

B. OFFICERS

President: Amber Fairbanks
Address: 6815 Poplar Ave, Suite 500
Germantown, TN 38138

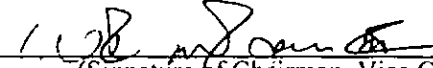
Vice President: Ashley Buske
Address: 6815 Poplar Ave, Suite 500
Germantown, TN 38138

Secretary: Trey McGowan
Address: 6815 Poplar Ave, Suite 500, Germantown, TN 38138

Treasurer: Chris Roetker
Address: 6815 Poplar Ave, Suite 500, Germantown, TN 38138

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. Trey McGowan, Secretary
(Typed or printed name and capacity of person signing application)

OPEN ARMS FOUNDATION - 2018

BOARD OF DIRECTORS, OFFICERS			
Amber Fairbanks, Chairman/President	8725 Creek Trail Lane, Apt 401, Cornelius, NC 28301		901-682-6600
Ashley Buske, Vice President	6815 Poplar Ave, Suite 500, Germantown, TN 38138		901-682-6600
Chris Roetker, Treasurer	6815 Poplar Ave, Suite 500, Germantown, TN 38138		901-682-6600
Trey McGowan, Secretary	4401 Northside Pkwy, Suite 600, Atlanta, GA 30327		404-846-5016
Melanie Carpenter, Representative Liaison	6815 Poplar Ave, Suite 500, Germantown, TN 38138		901-682-6600
Kim Banks	6815 Poplar Ave, Suite 500, Germantown, TN 38138		901-682-6600
Bob Donnelly	6815 Poplar Ave, Suite 500, Germantown, TN 38138		901-682-6600
Jana Ellis	6815 Poplar Ave, Suite 500, Germantown, TN 38138		901-682-6600
Melanie Jacks	6815 Poplar Ave, Suite 500, Germantown, TN 38138		901-682-6600
Kylee Lambert	6815 Poplar Ave, Suite 500, Germantown, TN 38138		901-682-6600
Jackie Melnick	6815 Poplar Ave, Suite 500, Germantown, TN 38138		901-682-6600
Glenn Russell	6815 Poplar Ave, Suite 500, Germantown, TN 38138		901-682-6600
Jenni Wilson	6815 Poplar Ave, Suite 500, Germantown, TN 38138		901-682-6600



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

OPEN ARMS FOUNDATION
KELLYE CLOUSE
SUITE 500
6815 POPLAR AVE
GERMANTOWN, TN 38138

August 21, 2018

Request Type: Certificate of Existence/Authorization
Request #: 0286834

Issuance Date: 08/21/2018
Copies Requested: 1

Document Receipt

Receipt #: 004252763 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3738089241 \$20.00

Regarding: OPEN ARMS FOUNDATION
Filing Type: Nonprofit Corporation - Domestic Control #: 297220
Formation/Qualification Date: 07/10/1995 Date Formed: 07/10/1995
Status: Active Formation Locale: TENNESSEE
Duration Term: Perpetual Inactive Date:
Business County: SHELBY COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

OPEN ARMS FOUNDATION

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

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