

F200000001611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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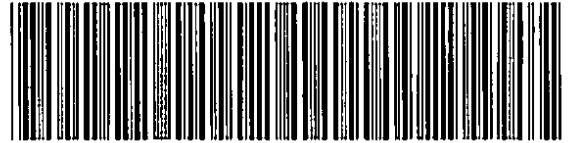
(Business Entity Name)

(Document Number)

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2020 MAR 25 PM 12: 21  
SECRETARY OF STATE  
GATEWAY ASSOCIATION/

MAR 31 2020  
M. SOLOMON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** A Hope to Dream, 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:

Ruthie Bautista

\_\_\_\_\_  
Name of Person

A Hope to Dream, Inc.

\_\_\_\_\_  
Firm/Company

1670 E. 8th. Ave.

\_\_\_\_\_  
Address

Tampa, FL. 33605

\_\_\_\_\_  
City/State and Zip Code

RBAUTISTA@ashleyhomestores.com

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

For further information concerning this matter, please call:

Ruthie Bautista

813

663-6797

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$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:*

1. A Hope to Dream, 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.)  
NA  
 (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 83-2518528  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)  
 4. 08/27/2018 5. perpetual  
 (Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 1670 E. 8th. Ave. Tampa. FL. 33605  
 (Principal office street address)  
N/A  
 (Current mailing address, if different)

8. A Hope to Dream, Inc. was formed with the purpose to provide beds to disadvantaged and children in need by raising fund  
 (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: Corporation Service Company  
 Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
 (City) (Zip Code)

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 SECRETARY OF STATE  
 TALLAHASSEE, 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.*

Tabatha Miller, Asst VP  
 (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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

Chairman Name: Benjamin Thorud  
 Vice Chairman Address: \_\_\_\_\_  
 Director 1670 E. 8th. Ave. Tampa, Florida 33605  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Ruthie Bautista  
 Vice Chairman Address: \_\_\_\_\_  
 Director 1670 E. 8th. Ave. Tampa, Florida 33605  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Troy Muller  
 Vice Chairman Address: \_\_\_\_\_  
 Director 1670 E. 8th. Ave. Tampa, Florida 33605  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Sarah Honer  
 Vice Chairman Address: \_\_\_\_\_  
 Director 1670 E. 8th. Ave. Tampa, Florida 33605  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Kristi Ellis  
 Vice Chairman Address: \_\_\_\_\_  
 Director 1670 E. 8th. Ave. Tampa, Florida 33605  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Kurt Haines  
 Vice Chairman Address: \_\_\_\_\_  
 Director 1670 E. 8th. Ave. Tampa, Florida 33605  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

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 TALLAHASSEE, FLORIDA

FILED

**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. [Signature]  
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Ruthie Bautista  
 (Typed or printed name and capacity of person signing application)

# Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "A HOPE TO DREAM, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JANUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "A HOPE TO DREAM, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF AUGUST, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



7039256 8300N

SR# 20200256251

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 202180791

Date: 01-14-20