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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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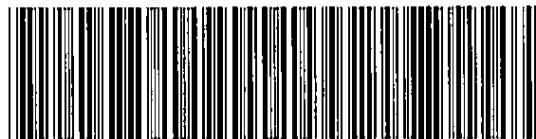
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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K. SALY

AUG - 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Spreading Hope Enterprises 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:

Linetta D. Bell - Director  
Name of Person

Spreading Hope Enterprises Inc  
Firm/Company

333 S.E. 2nd Avenue

Suite 2000  
Address

Miami, FL 33131  
City/State and Zip Code

info@spreadinghopeenterprises.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linetta D. Bell at (251) 327-4260  
Name of Person 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. Spreading Hope Enterprises 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. USA

(State or country under the law of which it is incorporated)

3. 84-2300394

(FEI number, if applicable)

4. \_\_\_\_\_

(Date of incorporation)

5. \_\_\_\_\_

(Date of duration, if other than perpetual)

6. 08/09/2021

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

7. 333 S.E. 2<sup>nd</sup> Avenue Ste 2000 Miami, FL 33131

(Principal office street address)

(Current mailing address, if different)

8. To provide aid to domestic violence survivors, disabled vets <sup>Single Parent households</sup>  
(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: Linetta D. Bell

Office Address: 333 S.E. 2<sup>nd</sup> Ave Suite 2000  
Miami, Florida 33131  
(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.

Linetta D. Bell

(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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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: Linetta D. Bell  
☐ Vice Chairman Address: 318 Omega Street  
☒ Director Prichard, AL 36610  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Florene Alexander  
☐ Vice Chairman Address: 118 Happy Lane  
☐ Director Red Oak, TX 75154  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Patrick Bell  
☐ Vice Chairman Address: 6548 ViewPoint Rd  
☐ Director Eight Mile, AL 36612  
☐ President \_\_\_\_\_  
☒ Vice President V.P., Director  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Mildred Smith  
☐ Vice Chairman Address: 255 Turtle Lane  
☒ Director St. Augustine, FL 32086  
☐ President \_\_\_\_\_  
☐ Vice President Director of Vet Affairs  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Carlos Glover  
☐ Vice Chairman Address: 6560 ViewPoint Rd  
☐ Director Eight Mile, AL 36612  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

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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. Linetta D. Bell - Director  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Linetta D. Bell - Director  
(Typed or printed name and capacity of person signing application)

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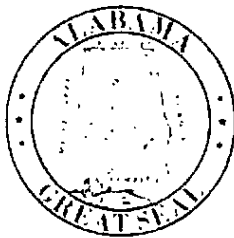
John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616

# STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Spreading Hope Enterprises was formed in Mobile County, Alabama on July 25, 2019. The Alabama Entity Identification number for this entity is 582-428. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20210809000004954

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

08/09/2021

Date

*J. H. Merrill*

John H. Merrill

Secretary of State