

F02 000000 373

TRANSMITTAL LETTER

TO: Qualification/Registration Section
Division of Corporations

SUBJECT: ~~HOPE~~ HOPE CORP OF DE
Circle of (Name of Corporation)

Circle of Hope_{corp} OF DE

500004756505--1
-01/07/02--01078--001
*****70.00 *****70.00

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conducts its affairs in Florida.

Please return all correspondence concerning this matter to the following:

CHARLES AULT

(Name of Person)

Circle ~~HOPE~~ Hope_{corp} OF DE

(Firm/Company)

5451 Hugo Rd

(Address)

Grants Pass OR 97526

(City, State and Zip Code)

02 JAN 23 PM 4:00
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Name
Availability

Charles Ault

Document
Examiner

(Name of Person)
DCC

at (541) 659-7142

Area Code & Daytime Telephone Number

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

W. P. Verity \$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

F020000000373



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 10, 2002

CHARLES AULT
CIRCLE OF HOPE CORP OF DE
5451 HUGO RD
GRANTS PASS, OR 97526

SUBJECT: CIRCLE OF HOPE CORPORATION
Ref. Number: W02000000881

We have received your document for CIRCLE OF HOPE CORPORATION and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, and Inc.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the CORPORATE SPECIALIST indicated.

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) 245-6913.

Diane Cushing
Corporate Specialist

Letter Number: 002A00001499

RESOLUTION OF BOARD OF DIRECTORS
(Please print or type)

I, the undersigned Charles Ault, do hereby certify
(Name)

that this Resolution of the Board of Directors of
Circle of Hope ^{corp} ~~DE~~
(Corporate Name)

a corporation duly organized and existing under the laws of the State of Delaware,
was duly adopted on 1-23-02, 20 02

Be it resolved, that Circle of Hope corp
(Corporate Name)

organized and existing in the State of Delaware, hereby adopts the name
Circle of Hope CORP OF DE for use in Florida

Dated: 1-23-02

Charles Ault
Signature of either Chairman, Vice Chairman or any officer

Charles Ault
Type or print Name

FILED
02 JAN 23 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. Circle of Hope Corp of DE
(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.)
2. Delaware
(State or country under the law of which it is incorporated)
3. N/A
(FEI number, if applicable)
4. 2001
(Date of Incorporation)
5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")
6. January 2002
(Date corporation first conducted Affairs in Florida -
See sections 617.1501, 617.1502, and 817.155, F.S.)
7. Circle of Hope Corp of DE
5451 Hugo Rd Grants Pass OR 97526
(Current mailing address)
8. Religious
(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:
Don Segio
(Name)
1501 4th st
(Office address)
St Augustine, Florida, 95104
(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.

Don Segio
(Registered agent's signature)

FILED
02 JAN 23 PM 4:00
SECRETARY OF STATE
TALLAHASSEE
FLORIDA

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. Names and addresses of officers and/or directors: (Street address only- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Charles Ault

Address: 444 NW D St suite C
Grants Pass OR 97526

Vice Chairman: Nancy Curtiss

Address: 5451 Hugo Rd
Grants Pass OR 97526

Director: Ingrid Munsey

Address: 5451 Hugo Rd
Grants Pass OR 97526

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

Charles Ault Founder
(Typed or printed name and capacity of person signing application)

FILED
02 JAN 23 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Delaware
Office of the Secretary of State PAGE 1

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CIRCLE OF HOPE CORPORATION" 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 TWELFTH DAY OF DECEMBER, A.D. 2001.

FILED
02 JAN 23 PM 4: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3422240 8300

AUTHENTICATION: 1499734

010627663

DATE: 12-12-01