F0200000374

TRANSMITTAL LETTER

| TO: Qualification/Registration Section Division of Corporations | |
|---|---|
| SUBJECT: New Hope Con | O OF DE |
| (Name of Co | prporation) |
| | |
| Dear Sir or Madam: | 9000047565099 -01/07/0201078002 |
| The enclosed "Application by Foreign Not for Pritts Affairs in Florida", "Certificate of Existence", referenced not for profit corporation to conducts in | and check are submitted to |
| Please return all correspondence concerning this r | matter to the following: |
| Charles A | Person) |
| New Ho | DE SECRITALIA |
| 5451 Hu6 | O Rd FILED FILED IN SSEE, FM |
| Grants Pass | OR 97526 # 8 |
| (City, State and | Zip Code) |
| Name For further information concerning this matter, ple | ease call: |
| Documer Charles Ault at (| 541 659 142 Area Code & Daytime Telephone Number |
| Qualification/Tax Lien Section Division of Corporations Algorithms Division of Corporations 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: | ······································ |
| Certificate of Status | \$78.75 Filing Fee & S87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy |



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 10, 2002

CHARLES AULT NEW HOPE 5451 HUGO RD GRANTS PASS, OR 97526

SUBJECT: NEW HOPE CORP. Ref. Number: W02000000880

We have received your document for NEW HOPE CORP, 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: 702A00001497

RESOLUTION OF BOARD OF DIRECTORS (Please print or type)

| I, the undersigned Charles Au H, do hereby (Name) | certify |
|--|--|
| that this Resolution of the Board of Directors of | <u></u> |
| New Hote core of the | |
| a corporation duly organized and existing under the laws of the State of | Delawore. |
| was duly adopted on 1-23-02 ,200 | 2 |
| Be it resolved, that New Hope Con Corporate Name) | |
| organized and existing in the State of, hereby adop | ots the name |
| New Hope corp of DE for u | ise in Florida. |
| | FILED V23 PH TARY OF ASSEE. I |
| Dated: | JAN 23 PH 4: 00 RETARY OF STATE AND HASSEE, FLORID |
| Charlesaulf | ATE RIDA |
| Signature of either Chairman, Vice Chairman or any officer | , |
| Charles Bult | |
| Type or print Name | |

INHS19(1/00)

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. NEW HODE CORP OF DE | | |
|--|-------------------------------------|-------|
| 1. Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or wor abbreviations of like import in language as will clearly indicate that it is a corporation instead of person or partnership if not so contained in the name at present. "Company" or "Co." may not be corporate suffix by a nonprofit corporation.) | ds or a natural used as a | |
| 2. Delaware (State or country under the law of which it is incorporated) 3. (FEI number, if applicable) | | |
| | | |
| 4. 2000 (Date of Incorporation) 5. Perpetual (Duration: Year corp. will cease to ex | viet or | *: |
| 6. January 2002 | .151 01 | |
| (Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.) | - | |
| 7. New HOPE corp OF DE | | |
| 5451 Hugo Rd Grants Pass OR 97526 | SE TAL | |
| (Current mailing address) | 02 JAN 23 SECRETARY ALLAHASSE | |
| 8. Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida. | 123 TARY ASSE | FILED |
| (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Flor | ाक् <u>र</u> ीच प्र | ED |
| 9. Name and street address of Florida registered agent: | DF STATE | |
| Don Segio | , | |
| 1501 4th st | - | |
| (Office address) | - | |
| Stagustine, Florida, 95104 33 (Zip Code) | <i>2P0</i> 15 | |
| 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above corporation at the place designated in this application, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the popular of all statutes relative to the proper and complete performance of my duties, and I am just and accept the obligations of my position as registered agent. | nt as | |

(Registered agent's signaturé)

| | • | |
|----|---|---|
| = | = | |
| ŀ | _ | |
| | ł | |
| ľ, | | 3 |
| | | |
| | | |

| 11. Attached is a certificate of existence duly authenticated, not more than 90 days p delivery of this application to the Department of State, by the Secretary of State of official having custody of corporate records in the jurisdiction under the law of v incorporated. | or other |
|--|----------------|
| 12. Names and addresses of officers and/or directors: (Street address only- P. C |). Box |
| NOT acceptable) A. DIRECTORS (Street address only- P. O. Box NOT acceptable) | |
| Chairman: Charles Ault | |
| Address: 444 NW & DS+ & Suite C | |
| Grants pass OR 97526 | |
| Vice Chairman: Nancy Curtiss | |
| Address: 545 Hugo Rd Good | |
| Grants Pass OR 97526 | |
| Director: Ingrid Munsey | |
| Address: 5451 Hugo Rd Grants Pass | • |
| Olegon 979 | 526 |
| Director: | |
| Address: | -å |
| | OZ, SEC |
| B. OFFICERS (Street address only- P. O. Box NOT acceptable) | ARETA AHAA |
| President: | 23 SSEE |
| Address: | PH I |
| | 7ATE |
| Vice President: | A |
| Address: | • |
| | |
| Secretary: | |
| Address: | |
| Treasurer: | |
| Address: | z . |
| NOTE: If necessary, you may attach an addendum to the application listing addition | al officers |
| and/or directors. 13. | |

CHARLES AUIT Founder
(Typed or printed name and capacity of person signing application)

State of Delaware

Office of the Secretary of State PAGE :

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NEW HOPE CORP." 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 SEVENTEENTH DAY OF DECEMBER, A.D. 2001.

SECRETARY OF STATE TALL AHASSEF, FI OBIDA



Warriet Smith Windson, Secretary of State

3015493 8300

AUTHENTICATION: 1507991

010627648 DATE: 12-17-01