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FO2000001156

New Hope For Legally Blind And Quality
of Life Foundation, Inc.

7166 Brickyard Circle
Lakeworth, Florida 33467

FAX AND PHONE 561 649 9980

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #) **400005040314--2**
-03/04/02--01052--008
*****78.75 *****78.75
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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Examiner's Initials

TRANSMITTAL LETTER

TO: Qualification/Registration Section
Division of Corporations

SUBJECT: NEW HOPE FOR LEGALLY BLIND AND
(Name of Corporation)
QUALITY OF LIFE FOUNDATION INC.

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 conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

ALPHONSE P. CINQUE SR.
(Name of Person)
New Hope for Legally Blind and Quality of Life Foundation Inc.
(Firm/Company)
7166 Brickyard Circle
(Address)
Lake Worth, Florida 33467
(City, State and Zip Code)

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For further information concerning this matter, please call:

Alphonse Cinque at 954-263-0000
(Name of Person) 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:

- ☐ \$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. NEW HOPE FOR LEGALLY BLIND AND POORLY OF LIFE 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.)

2. DISTRICT OF COLUMBIA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MARCH 2ND 1979 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. NOT YET
(Date corporation first conducted Affairs in Florida -
See sections 617.1501, 617.1502, and 817.155, F.S.)

7. 7166 BRICKYARD CIRCLE
LAKE WORTH FLORIDA 33467
(Current mailing address)

8. Educational, Charitable
(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:

A. P. CINGUE
(Name)

7166 BRICKYARD CIRCLE
(Office address)

LAKE WORTH, Florida, 33467
(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.

A. P. Cingue
(Registered agent's signature)

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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: See Below

Address: See Below

Vice Chairman: _____

	ADDRESS
Alphonse Cinque <i>CHAIRMAN</i>	7166 Brickyard Circle Lake Worth, FL 33467-7239
Alphonse Cinque Jr <i>VICE CHAIRMAN</i>	7166 Brickyard Circle Lake Worth, FL 33467-7239
Vance Hartke <i>DIRECTOR</i>	7166 Brickyard Circle Lake Worth, FL 33467-7239
Alphonse Cinque <i>DIRECTOR</i>	7166 Brickyard Circle Lake Worth, FL 33467-7239
Alphonse Cinque Jr <i>DIRECTOR</i>	7166 Brickyard Circle Lake Worth, FL 33467-7239
Alphonse Cinque Jr <i>SECRET</i>	7166 Brickyard Circle Lake Worth, FL 33467-7239
Alphonse Cinque <i>CHAIRMAN</i>	7166 Brickyard Circle Lake Worth, FL 33467-7239

Address: 7166 BRICKYARD CIRCLE
LAKE WORTH, FLORIDA 33467

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

President: Alphonse P. Cinque

Address: 7166 BRICKYARD CIRCLE
LAKE WORTH FLA 33467

Vice President: Alphonse P. Cinque Jr

Address: 7166 BRICKYARD CIRCLE
LAKE WORTH FLA 33467

Secretary: ALPHONSE CINQUE JR.

Address: 7166 BRICKYARD CIRCLE LAKE WORTH FLA
33467

Treasurer: ALPHONSE P. CINQUE SR.

Address: 7166 BRICKYARD CIRCLE LAKE WORTH FLA.
33467

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

13. Alphonse P. Cinque Chairman
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

ALPHONSE P. CINQUE CHAIRMAN
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS



C E R T I F I C A T E

THIS IS TO CERTIFY that there were received and accepted for record in the Department of Consumer and Regulatory Affairs, Corporations Division, on the 2nd day of March , 1979 *Articles of Incorporation of:*

NEW HOPE FOR LEGALLY BLIND AND QUALITY OF LIFE FOUNDATION, INC.


The above named corporation is duly incorporated and existing pursuant to and by virtue of the Nonprofit Corporation Act of the District of Columbia and authorized to conduct its affairs in the District of Columbia as of the date mentioned above.

WE FURTHER CERTIFY that the above entitled corporation is at the time of issuance of this certificate in Good Standing , according to the records of the Corporations Division, having filed all reports required by the District of Columbia Nonprofit Corporation Act.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed this 15th day of February , 2002 .

David Clark
DIRECTOR

Elizabeth O. Kim
Administrator
Business Regulation Administration


Patricia E. Grays/mek
Patricia E. Grays
Superintendent of Corporations
Corporations Division

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Anthony A. Williams
Mayor