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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
7/16

1108-32375

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Tom Joad Helping Those Who Have Had Everything Taken From Them, Corp.
(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", 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:

Bryan Hein
(Name of Person)

Tom Joad Helping Those Who Have Had Everything Taken From Them, Corp.
(Firm/Company)

51661 Calamondin Ave.
(Address)

Cocoa FL 32926
(City/State and Zip Code)

For further information concerning this matter, please call:

Bryan Hein at (321) 961-9222
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
08 JUL 16 AM 8:00
DIVISION OF CORPORATIONS

July 8, 2008

BRYAN HEIN
TOM JOAD HELPING THOSE WHO HAVE HAD
5161 CALAMONDIN AVE
COCOA, FL 32926

SUBJECT: TOM JOAD HELPING THOSE WHO HAVE HAD EVERYTHING
TAKEN FROM THEM CORP.
Ref. Number: W08000032375

We have received your document for TOM JOAD HELPING THOSE WHO HAVE HAD EVERYTHING TAKEN FROM THEM CORP. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist II

Letter Number: 408A00040288

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. Tom Joad Helping Those who Have Had Everything Taken From Them Corp. (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. North Carolina (State or country under the law of which it is incorporated) 3. (FEI number, if applicable)

4. June 24, 2008 (Date of Incorporation) 5. perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. NONE (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 5161 Calamondin Ave., Cocoa, FL 32926 (Principal office address)

Same (Current mailing address)

8. Helping to shelter those who are homeless or about to be homeless. (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: Bryan Hein

Office Address: 5161 Calamondin Ave

Cocoa, Florida 32926 (City) (Zip Code)

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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.

[Signature] (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. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Bryan Hein

Address: 5161 Calamondin Ave.
Cocoa FL 32926

Vice Chairman: Same

Address: _____

Director: Same

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Bryan Hein

Address: 5161 Calamondin Ave.
Cocoa FL 32926

Vice President: Same

Address: _____

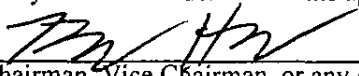
Secretary: Same

Address: _____

Treasurer: Same

Address: _____

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

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

14. Bryan Hein
(Typed or printed name and capacity of person signing application)



NORTH CAROLINA

Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

TOM JOAD HELPING THOSE WHO HAVE HAD EVERYTHING TAKEN FROM THEM, CORP.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 24th day of June, 2008 , with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

FILED
08 JUL 16 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 14th day of July, 2008.

Elaine F. Marshall

Secretary of State