

F09000001143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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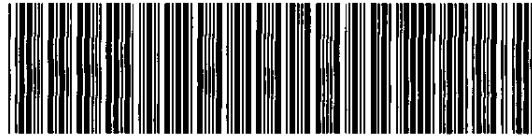
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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03/19/09--01022--014 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Bureh MAR 20 2009



2979 PGA Boulevard
Palm Beach Gardens, FL 33410
561.627.0664

Signature Consulting Services, LLC
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VIA FEDERAL EXPRESS

March 18, 2009

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Certificate of Authority – Nonprofit Corporation

To Whom It May Concern:

Enclosed are the following documents for filing for The Compassion Fund, Inc.:

Certificate of Authority
Good Standing
Check #78.75

Please return a certified copy of the filed application using the enclosed pre-paid Federal Express envelope.

If you have any questions regarding the filing, check or return mail method, please contact me directly at 561-273-6281 or by fax at 561-627-4948.

Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Kim Engel".

Kimberly A. Engel, CP, FRP
Certified Paralegal

**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. The Compassion Fund, 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. Delaware 3. 26-3437617
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 25, 2008 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon filing
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 2979 PGA Blvd., Palm Beach Gardens, FL 33410
(Principal office address)
same
(Current mailing address)
8. provide non-profit services
(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)

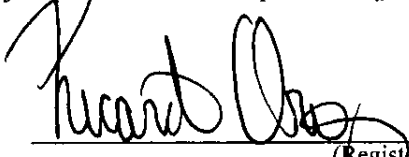
Name: Registered Agent Solutions, Inc.

Office Address: 155 Office Plaza Drive, Suite A

Tallahassee, Florida 32301
(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.



(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. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: E. Joseph Steier, III

Address: 2979 PGA Blvd, Palm Beach Gardens, FL 33410

Vice Chairman: _____

Address: _____

Director: see attached list of Directors

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: E. Joseph Steier, III

Address: 2979 PGA Blvd, Palm Beach Gardens, FL 33410

Vice President: Dianne Timmering and Tracy Harrison

Address: 2979 PGA Blvd, Palm Beach Gardens, FL 33410

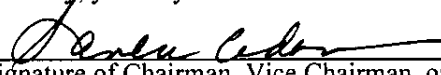
Secretary: Sandra L. Adams

Address: 2979 PGA Blvd, Palm Beach Gardens, FL 33410

Treasurer: John Harrison

Address: 2979 PGA Blvd, Palm Beach Gardens, FL 33410

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. Sandra L. Adams, Director and Secretary
(Typed or printed name and capacity of person signing application)

Section 12

List of Directors:

John Harrison, 2979 PGA Blvd., Palm Beach Gardens, FL 33410

Sandra Adams, 2979 PGA Blvd., Palm Beach Gardens, FL 33410

Tracy Harrison, 2979 PGA Blvd., Palm Beach Gardens, FL 33410

Dianne Timmering, 2979 PGA Blvd., Palm Beach Gardens, FL 33410

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REC. CLERK OF STATE
TALLAHASSEE, FLORIDA

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE COMPASSION FUND, INC." 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 THIRTEENTH DAY OF MARCH, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "THE COMPASSION FUND, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF JULY, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

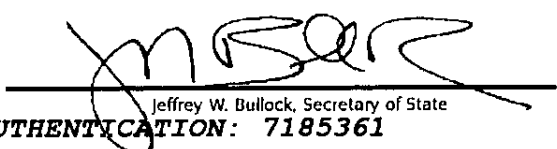
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7185361

DATE: 03-13-09