

F09000002519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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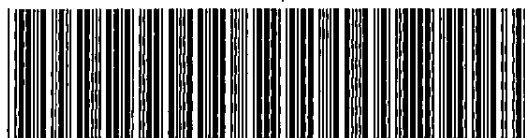
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 18, 2009

BRAD BOLIN  
115 S.E. STAR ROAD  
BAXTER SPRINGS, KS 66713

SUBJECT: SPRING VALLEY REGIONAL CENTER FOR YOUTH, INC.  
Ref. Number: W09000028573

We have received your document for SPRING VALLEY REGIONAL CENTER FOR YOUTH, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

Your application does not meet all of the filing requirements.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Please return the corrected original and one copy of 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) 245-6921.

Maryanne Dickey  
Document Specialist Supervisor  
New Filing Section

Letter Number: 609A00020834

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Spring Valley Regional Center for Youth, Inc.  
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:

Brad Bolin  
Name of Person

Spring Valley Regional Center for Youth, Inc.  
Firm/Company

P.O. Box 662  
1153 SE STAR Road  
Address

Baxter Springs, MS 66718  
City/State and Zip Code

springvalley4youth@earthlink.net  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Brad Bolin at ( 620 ) 762 2212  
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

**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. Spring Valley Regional Center for Youth, 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. Runswick 3. 80-0167304  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4-28-04 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 1153 SE STAR RD, Barker Springs, FL 32673  
(Principal office address)  
PO Box 662, Barker Springs, FL 32673  
(Current mailing address)
8. To Provide transportation services to disadvantaged population & other clients.  
(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: Blue Planet Offices, Inc.  
Office Address: C23 9th Ave  
Key West, Florida 33040  
(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.

DAN F. SCHRAMM CEO Blue Planet Offices, Inc.  
(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: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

B. OFFICERS

President: Brad Bolin

Address: 1153 SE STAR RD

Baxter Springs, MS 66713

Vice President: Charles Clevenger

Address: 200 West F

Picher, Oklahoma 74360

Secretary: Shelly Bolin

Address: 1153 SE STAR Road, Baxter Springs, MS 66713

Treasurer: Linda Jackson

Address: 1932 Brassart Lane, Columbus, MS 66725

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

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

14. Brad Bolin  
(Typed or printed name and capacity of person signing application)

**STATE OF KANSAS**  
**OFFICE OF**  
**SECRETARY OF STATE**  
**RON THORNBURGH**

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*To all to whom these presents shall come, Greetings:*

I, RON THORNBURGH, Secretary of State of the state of Kansas, do hereby certify that I am the custodian of records of the State of Kansas relating to business entities and that I am the proper official to execute this certificate.

Entity Name: SPRING VALLEY REGIONAL CENTER FOR YOUTH, INC.

Structure: KANSAS NOT FOR PROFIT CORPORATION

Business Entity ID Number: 3624863

Was filed in this office on April 28, 2004 and has complied with the applicable provisions of the laws of the state of Kansas and on this date is in good standing and authorized to transact business or to conduct affairs within this state



In testimony whereof: I hereto set my hand and cause to be affixed my official seal. Done at the City of Topeka, this 10 of June , 2009.

**RON THORNBURGH**  
**SECRETARY OF STATE**

Certificate ID: 201778 - To verify the validity of this certificate please visit <https://www.accesskansas.org/businessentity/validate.html> and enter the certificate ID number.