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(Requestor's Name)

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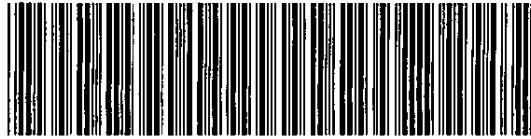
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2009 JUL 10 P 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 13 2009
D.A. WHITE

COVER LETTER

FILED

TO: New Filing Section
Division of Corporations

SUBJECT: Orangegate Community Impact Service Center, Inc.
Name of Corporation – must include suffix

2009 JUL 10 P 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Darryl W. Johnston, Esq.

Name of Person

Johnston and Sasser, P.A.

Firm/Company

P.O. Box 997

Address

Brooksville, FL 34605

City/State and Zip Code

sclark@johnston-sasser.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darryl W. Johnston

Name of Person

at (352)

796-5123

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



RECEIVED
DEPARTMENT OF STATE

09 JUL 10 AM 10:49

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2009

DARRYL W. JOHNSTON, ESQ.
JOHNSTON & SASSER, P.A.
PO BOX 997
BROOKSVILLE, FL 34605

SUBJECT: ORANGEGATE COMMUNITY IMPACT SERVICE CENTER, INC.
Ref. Number: W09000027598

We have received your document for ORANGEGATE COMMUNITY IMPACT SERVICE CENTER, INC.. However, the document has not been filed and is being returned for the following:

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) 245-6933.

Dale White
Regulatory Specialist II

Letter Number: 409A00019905

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. Orangegate Community Impact Center, 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. Nevada 3. 20-5946116
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/20/2006 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. 6410 Roscommon Road, Brooksville, FL 34601
(Principal office address)

6410 Roscommon Road, Brooksville, FL 34601
(Current mailing address)

8. To provide transitional housing, job training and employment for U.S. Veterans
(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: Robert Peck

Office Address: 6410 Roscommon Road

Brooksville, Florida 34601
(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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2021 JUL 10 P 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: See attached list for names and addresses of directors.

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Robert Peck

Address: 6410 Roscommon Road

Brooksville, FL 34601

Vice President: _____

Address: _____

Secretary: Shirley Peck

Address: 6410 Roscommon Road, Brooksville, FL 34601

Treasurer: Shirley Peck

Address: 6410 Roscommon Road, Brooksville, FL 34601

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

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

14. Robert Peck
(Typed or printed name and capacity of person signing application)

FROM :

FAX NO. : 0

Jun. 04 2009 02:06PM P1

ORANGEGATE COMMUNITY IMPACT CENTER, INC. a501C ORGANIZATION
Making a Difference In Veterans Lives.

BOARD OF DIRECTORS

Matthew Peters
Veterans Service Manager CVSO
456 Ramona Drive
Spring Hill, FL 34608
352-666-9071

Nick Marana
Retired Military
4257 Dummond Avenue
Spring Hill, FL 34608
352-683-4945

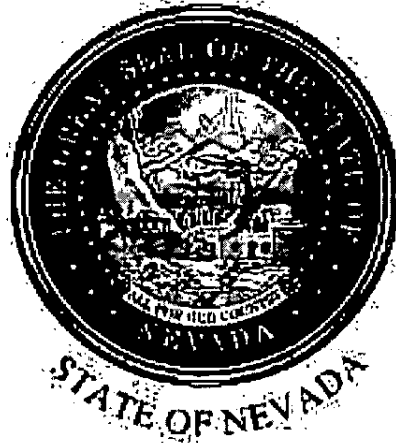
Richard Lamborn
Retired Military
385 Union Street, Apt. 54
Brooksville, FL 34601
352-346-7469

Andra Decken
Attorney
12117 Shadows Ridge Boulevard
Hudson, FL 34669
727-226-4013

Dr. Timothy Terlep
Chiropractic Physician
8468 Northcliffe Boulevard
Spring Hill, FL 34606
352-666-2222

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TALLAHASSEE, FLORIDA

SECRETARY OF STATE



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2009 JUL 10 P 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ORANGEGATE COMMUNITY IMPACT CENTER, INC.**, as a non-profit corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since November 20, 2006, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 8, 2009.


ROSS MILLER
Secretary of State

Electronic Certificate
Certificate Number: C20090708-1381
You may verify this electronic certificate
online at <http://www.nvsos.gov/>