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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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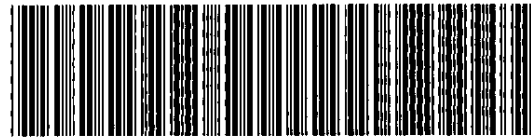
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 JUL 21 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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174

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: D.A.P.S. Mentoring Program 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", or "Certificate of Good Standing" 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:

Onika T. Brown
Name of Person

D.A.P.S. Mentoring Program, Inc.
Firm/Company

P.O. Box 106
Address

Lake City SC 29560
City/State and Zip Code

daps@rocketmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Onika T. Brown at (843) 409-8773
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. D.A.P.S. Mentoring Program 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. South Carolina 3. 26-1243996
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Jan. 28, 2008 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 2213 N. Church St. Scranton SC 29591
(Principal office address)

PO Box 106 Lake City SC 29560
(Current mailing address)

8. To open office / transitional homes for ex-offender to operate program
(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: Onika T. Brown

Office Address: 1425 W 20th Street

Jacksonville, Florida 32209
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

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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.

Onika T. Brown
(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:

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A. DIRECTORS

Chairman:

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

President:

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

Onika T. Brown

2213 N. Church St.

Scranton SC 29591

Roy A. Brown

2213 N. Church St.

Scranton SC 29591

Dr. Lee Ann Marino

PO Box 681 Morrisville, NC 27560

Jamie Ashley

2209 N. Church St. Scranton SC 29591

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

13.

Onika T. Brown

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

14.

Onika T. Brown - President

(Typed or printed name and capacity of person signing application)

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence, Non-Profit Corporation

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

D.A.P.S. MENTORING PROGRAM, a Non-Profit Corporation duly organized under the laws of the State of South Carolina on January 28th, 2008, has as of the date hereof filed as a non-profit corporation for religious, educational, social, fraternal, charitable, or other eleemosynary purpose, and has paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-31-1404 of the South Carolina code and that the non-profit corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
9th day of July, 2010.


Mark Hammond, Secretary of State

SECRETARY OF STATE
COLUMBIA, SOUTH CAROLINA

10 JUL 21 PM 5:00

FILED