

FI 00000004918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

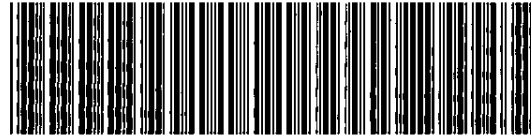
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature*

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Dreams for Kids 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:

Mishele Gonsch

Name of Person

Dreams for Kids Inc.

Firm/Company

155 N. Michigan Ave.

Suite 700

Address

Chicago, IL 60601

City/State and Zip Code

shelly@tuohylawoffices.com

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

For further information concerning this matter, please call:

Mishele Gonsch

Name of Person

at ( 312 ) 729-5200

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

October 18, 2010

MISHELE GONSCH  
155 N. MICHIGAN AVE  
SUITE 700  
CHICAGO, IL 60601

SUBJECT: DREAMS FOR KIDS INC.  
Ref. Number: W10000048856

We have received your document for DREAMS FOR KIDS INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

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) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 210A00024623

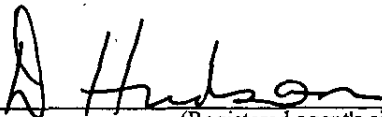
**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

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. Dreams for Kids 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. Illinois 3. 36-3781104  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 8, 1989 5. perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. 8/1/2010  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
7. 155 N. Michigan Ave., Suite 700, Chicago, IL 60601  
(Principal office address)
- Same as above.  
(Current mailing address)
8. Provide assistance to improve the quality of life for children with disabilities.  
(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: Dave Hudson
- Office Address: 211 Outrigger Way
- St. Augustine, Florida 32084  
(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.

10 NOV -4 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: See attached Exhibit A.

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

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

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

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

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

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

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

**B. OFFICERS**

President: See attached Exhibit A.

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

Vice President: \_\_\_\_\_

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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. \_\_\_\_\_

Tom Tuohy, President and Founder

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

**EXHIBIT A**

Tom Tuohy  
President & Founder  
155 N. Michigan Avenue, Suite 700  
Chicago, Illinois

**EXECUTIVE BOARD**

Shawn Warner  
Legal Chair  
Warner Law Offices  
155 N. Michigan Avenue, Suite 700  
Chicago, Illinois 60601

Charles Smith  
Chairman  
CS Insurance Strategies  
542 S. Dearborn  
Chicago, Illinois 60603

Dorothy Hillard  
Director - Education  
Retired Principal, Chicago Board of Education  
8353 S. Vernon  
Chicago, Illinois 60619

Dave Lawless  
Director - Extreme Recess  
Designed Plastics  
1157 Pagni Drive  
Elk Grove Village, Illinois 60007

Colleen Egan  
Director - Development  
Akoo International  
2500 N. Harlem  
Elmwood Park, Illinois 60707

Rich Ceffalio  
Director  
UBS Financial Services  
One Tower Lane, Suite 640  
Oakbrook Terrace, IL 60181

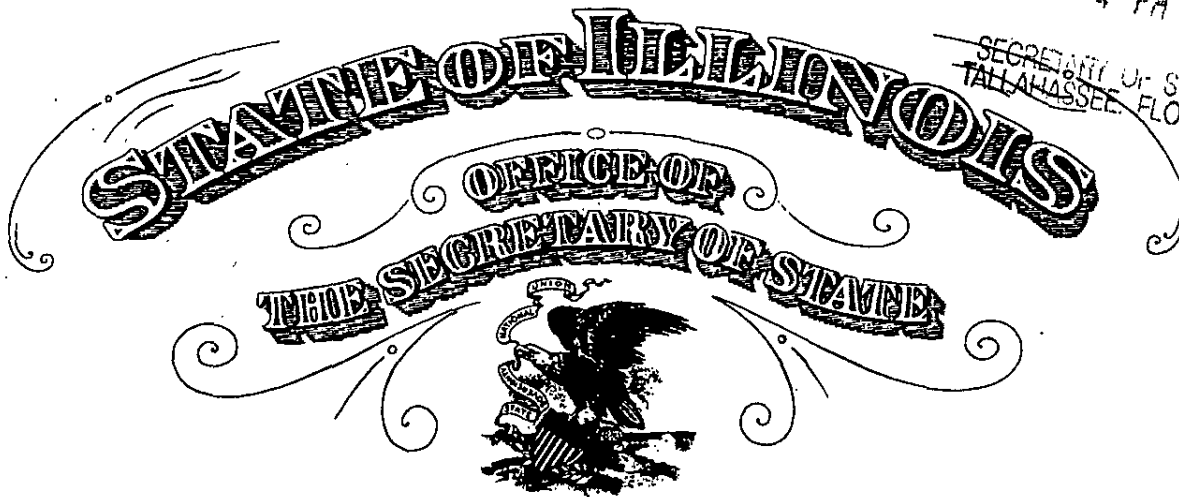
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TALLAHASSEE, FLORIDA

File Number 5576-126-4

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AND  
FILED

10 NOV -4 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*To all to whom these Presents Shall Come, Greeting:*

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

DREAMS FOR KIDS INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON DECEMBER 08, 1989, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



*In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 13TH day of OCTOBER A.D. 2010*

*Jesse White*

Authentication #: 1028601992

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE