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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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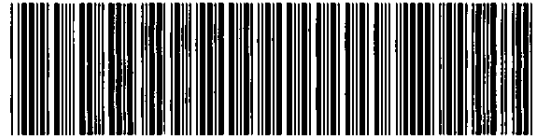
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 DEC -2 AM 10:23

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J. Shivers DEC 03 2010 W10-53500  
513  
647

TO: New Filing Section  
Division of Corporations

SUBJECT: CHILD ABUSE AWARENESS + Information Network  
(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:

NATALIE LOWE  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

2539 Anglia Street

\_\_\_\_\_  
(Address)

LAS VEGAS, NV 89142  
(City/State and Zip Code)

For further information concerning this matter, please call:

NATALIE LOWE  
(Name of Person)

at ( 702 ) 265-4680  
(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

check #1001  
Enclosed

RECEIVED  
TALLAHASSEE, FLORIDA  
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**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. Child Abuse Awareness + Information Network, 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

(State or country under the law of which it is incorporated)

3. 27-1610338

(FEI number, if applicable)

4. 12/4/09

(Date of Incorporation)

5. PERPETUAL

(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. 2539 Anglia St, Las Vegas, NV 89142

(Principal office address)

2539 Anglia St, Las Vegas, NV 89142

(Current mailing address)

8. To make people more aware of child abuse through literature + web-site.  
(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: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, FL

(City)

Florida 33470

(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.*

Lois on behalf of InCorp Services, 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.

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

**A. DIRECTORS**

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

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

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

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

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

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

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

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

**B. OFFICERS**

President: NATALIE LOWE

Address: 2539 Anglia St, LV, NV 89142

Vice President: DAEMINE LOWE

Address: 2539 Anglia St, LV, NV 89142

Secretary: LORRAINE CURELY

Address: 2539 Anglia St, LV, NV 89142

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

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

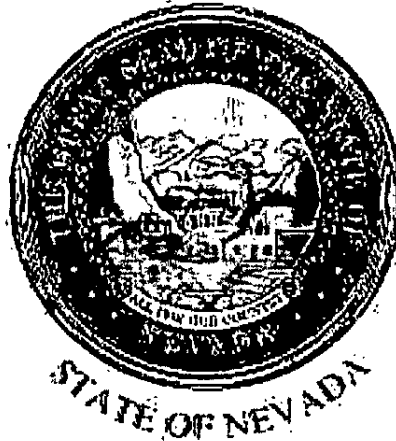
**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. X Natalie Lowe  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. NATALIE LOWE, President  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA  
CLERK OF DISTRICT COURT

# SECRETARY OF STATE



## 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, **CHILD ABUSE AWARENESS & INFORMATION NETWORK**, 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 December 4, 2009, 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 November 24, 2010.

  
ROSS MILLER  
Secretary of State

Electronic Certificate  
Certificate Number: C20101124-2603  
You may verify this electronic certificate  
online at: <http://www.nvsos.gov/>

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ALLAHASSEE, FLORIDA

FILED