

F10000005450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

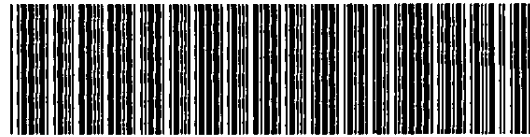
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 DEC 13 PM 3:29

12/14/10

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Homeopaths Without Borders
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:

Kent E. Seton

Name of Person

Seton & Associates

Firm/Company

8730 Wilshire Blvd.

Suite 400

Address

Beverly Hills, CA 90211

City/State and Zip Code

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

For further information concerning this matter, please call:

Kent E. Seton

Name of Person

at (310)

557-1923

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

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 2, 2010

KENT E. SETON
8730 WILSHIRE BLVD.
BEVERLY HILLS, CA 90211

SUBJECT: HOMEOPATHS WITHOUT BORDERS, INC.
Ref. Number: W10000055865

We have received your document for HOMEOPATHS WITHOUT BORDERS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Line 8 states "Please see attachment"; there was no attachment.

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) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 310A00027983

2010 DEC 13 PM 3:30
DIVISION OF CORPORATIONS
SECRETARY OF STATE

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. Homeopaths Without Borders, 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. Colorado 3. 84-1343774
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 04-01-1996 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. 601 McDonald Street, Unit 108, Mount Dora, FL 32757
(Principal office address)
- 601 McDonald Street, Unit 108, Mount Dora, FL 32757
(Current mailing address)
8. Please see attachment. Thank you.
(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: Jean Hoagland

Office Address: 601 McDonald Street, Unit 108

Mount Dora, Florida 32757
(City) (Zip Code)

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SECRETARY OF STATE
DIVISION OF CORPORATE REGISTRATION

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.

Jean H. Hoagland
(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.

**ATTACHMENT TO APPLICATION BY FOREIGN NOT FOR PROFIT
CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
FLORIDA
OF
HOMEOPATHS WITHOUT BORDERS**

The corporation is organized exclusively to increase the access of health care to all people, including training in homeopathy, humanitarian aid and research, and, more specifically, to receive and administer funds for such charitable and research purposes, all for the public welfare, and for no other purposes, and to that end to take and hold, by bequest, devise, gift, purchase, or lease, either absolutely or in trust for such objects and purposes or any of them, any property, real, personal or mixed, without limitation as to amount of value, except such limitations, if any, as may be imposed by law; to sell, convey and dispose of any such property and to invest and reinvest the principal thereof, and to deal with and expend the income therefrom for any of the before-mentioned purposes, without limitation, except such limitations, if any, as may be contained in the instrument under which such property is received; to receive any property, real, personal or mixed, in trust, under the terms of any will, deed of trust, or other trust instrument for the foregoing purposes or any of them, and in administering the same to carry out the directions, and exercise the powers contained in the trust instrument under which the property is received, including the expenditure of the principal as well as the income, for one or more of such purposes, if authorized or directed in the trust instrument under which it is received, but no gift, bequest or devise of any such property shall be received and accepted if it is conditioned or limited in such manner as shall require the disposition of the income or its principal to any person or organization other than a charitable organization or for other than charitable purposes, or as shall in the opinion of the Board of Directors, jeopardize the federal income tax exemption of the corporation pursuant to Section 501(c)(3) of the Internal Revenue Code of 1986, as now in force or afterwards amended; to receive, take title to, hold, and use the proceeds and income of stocks, bonds, obligations, or other securities of any corporation or corporations, domestic or foreign, but only for the foregoing purposes, or some of them; and, in general, to exercise any, all and every power for which a nonprofit corporation organized under Colorado law for scientific, educational, and charitable purposes, all for the public welfare can be authorized to exercise, but only to the extent the exercise of such powers is in furtherance of exempt purposes.

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

SECRETARY OF STATE
DIVISION OF CORPORATE REGISTRATION

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A. DIRECTORS

Chairman: Jean Hoagland

Address: c/o 601 McDonald Street, Unit 108, Mount Dora, FL 32757

Vice Chairman: _____

Address: _____

Director: Joe Lillard

Address: c/o 601 McDonald Street, Unit 108, Mount Dora, FL 32757

Director: Kim Sikorski, MD

Address: c/o 601 McDonald Street, Unit 108, Mount Dora, FL 32757

B. OFFICERS

President: Jean Hoagland

Address: c/o 601 McDonald Street, Unit 108, Mount Dora, FL 32757

Vice President: _____

Address: _____

Secretary: Kim Sikorski, MD

Address: c/o 601 McDonald Street, Unit 108, Mount Dora, FL 32757

Treasurer: Joe Lillard

Address: c/o 601 McDonald Street, Unit 108, Mount Dora, FL 32757

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

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

14. Jean Hoagland, President/Director
(Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE

I, Bernie Buescher, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

HOMEOPATHS WITHOUT BORDERS

is a **Nonprofit Corporation** formed or registered on 04/01/1996 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19961044641.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/21/2010 that have been posted, and by documents delivered to this office electronically through 10/25/2010 @ 15:26:25.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 10/25/2010 @ 15:26:25 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 7775576.



Bernie Buescher

Secretary of State of the State of Colorado

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DIVISION OF CLERK
SECRETARY OF STATE

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/bi-/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."