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(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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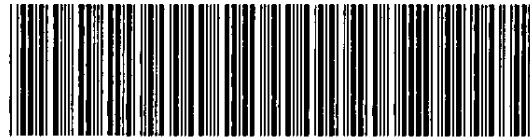
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVED  
AND  
FILED

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## COVER LETTER

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

**SUBJECT:** Keep Hope Alive Projects 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:

Roseline Amuchie  
Name of Person

Keep Hope Alive Projects Inc  
Firm/Company

18808 Stefani Ave

Cerritos CA 90703  
Address  
City/State and Zip Code

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

For further information concerning this matter, please call:

Roseline Amuchie at (562) 326-4411  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2011

ROSELINE AMUCHIE  
18808 STEFANI AVENUE  
CERRITOS, CA 90703

SUBJECT: KEEP HOPE ALIVE PROJECTS INC.  
Ref. Number: W11000012080

We have received your document for KEEP HOPE ALIVE PROJECTS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A brief description of the entity's nature of business must be included in the document.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

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: 711A00005223

# 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. KEEP HOPE ALIVE PROJECTS INCORPORATED  
(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. CALIFORNIA  
(State or country under the law of which it is incorporated)
3. 20-5758322  
(FEI number, if applicable)
4. OCT. 25TH 2006  
(Date of Incorporation)
5. PERPETUAL  
(Duration: Year corp. will cease to exist or "perpetual")
6. HAVE NOT STARTED  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
7. 18808 STEFANI AVENUE, CERRITOS, CA 90703  
(Principal office address)
- 18808 STEFANI AVENUE, CERRITOS, CA 90703  
(Current mailing address)
8. NON-CHARITABLE EDUCATIONAL PURPOSE  
(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: DR. JUDE NWOGA  
Office Address: 1205 ELINGTON CT  
ST. AUGUSTINE, Florida 32084-1832  
(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.

Jude Nwoga

(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.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAR - 3 PM 3:38

APPROVED  
AND  
FILED

APPROVED  
AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman:

Address:

Roseline Amuchie  
18808 Stefan Ave  
Cerritos Ca 90703

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

**B. OFFICERS**

President:

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.

ROSELINE AMUCHIE, DIRECTOR

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

APPROVED  
AND  
FILED

**State of California**  
**Secretary of State**

11 MAR -3 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

KEEP HOPE ALIVE PROJECTS, INC.

**FILE NUMBER:** C2965309  
**FORMATION DATE:** 10/23/2006  
**TYPE:** DOMESTIC NONPROFIT CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of March 03, 2011.

*Debra Bowen*

**DEBRA BOWEN**  
Secretary of State