## F110000003690

(Requestor's Name)				
(Address)				
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(Ch.(Ch.).7: (Dh.,				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Duniana Falib Nama)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
w11-45617				
W11-4561				

Office Use Only



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SECRETARY OF STATE

SEP-9 PH 5:3



## **COVER LETTER**

TO: New Filing Section Division of Corporations							
SUBJ	ECT:	Ausacan Ferences OF House OF Hope, loc					
		Name of Corporation – must include suffix					
Dear S	Sir or Madam:						
"Certi	ficate of Existence	tion by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", ee", or "Cerificate of Good Standing" and check are submitted to register the above referenced on to conduct its affairs in Florida.					
Please	return all corres	pondence concerning this matter to the following:					
		Name of Person					
		Name of Person					
		EPOTENO + SHAPIRO PA					
		Firm/Company					
		1500 WEST CYPRES CREEK RO # 401					
		Address					
		FORT LADDERDALE TO 33					
		City/State and Zip Code					
	•						
	<u>.</u> E-n	nail address: (to be used for future annual report notification)					
For fu	rther information	concerning this matter, please call:					
	Rec S.	NO.20					
		of Person Area Code & Daytime Telephone Number					
	MAILING AI New Filing Sec						
	Division of Co P.O. Box 6327	rporations Division of Corporations					
	Tallahassee, FI	Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					
Enclos	sed is a check for	the following amount:					
<b>⊠</b> \$7	0.00 Filing Fee	S78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy					



September 2, 2011

RICHARD SHAPICO CPA 1500 WEST CYPRESS CREEK RD #401 FORT LAUDERDALE, FL 33319

SUBJECT: AMERICAN FRIENDS OF HOUSE OF HOPE, INC.

Ref. Number: W11000045617

We have received your document for AMERICAN FRIENDS OF HOUSE OF HOPE, 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: 611A00020530

## 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:

٦ì	ï	American F	riends of Hous	e of Hope, Inc.		
23	(Name of corpor	ration: must include the word "INC	ORPORATED" or "C	ORPORATION" or words or	abbreviations of like	
	aimport in langua	age as will clearly indicate that it is	a corporation instead	of a natural person or partners	hip if not so contained	
	in the name at pi	resent. "Company" or "Co." may n	ot be used as a corpora	tte surfix by a nonprofit corpor	ration.)	
Ĭΰ		New York	3.	45-2721825		
	(State or cour	NEW YORK  ntry under the law of which it is inc	corporated)	(FEI number, if applicat	ole)	
N.	124	•		Perpetual on: Year corp. will cease to ex		
	(D	Date of Incorporation)	(Durati	on: Year corp. will cease to ex	rist or "perpetual")	
		2	امد.ما عدد	1		
U	(Date first condu	ucted affairs in Florida if prior to reg	istration. See sections 6	17.1501 & 617.1502. F.S. to de	termine penalty liability.)	
		•				_
17	3	771 60v.800	Buo	ADDGEDA	W FL 3331	9
1.	act w		(Principal office add	ress)		
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Ė			(Current mailing ad	(dress)		
Litte	T :	FOOD RAISING	LYDT FOR	2 PROFIT OR	GAN IZATION	
έρς. S		corporation authorized in home stat				•
		•	•	,		
Ţĝ	Name and stre	eet address of Florida registered	agent: (P.O. Box No.	OT acceptable)		
•			•		≥SE → S	
		HEBHY LIF	25747		<b>∑</b> S: ₫	7
	Name:	TESTS AT	320		>= 1	
	#	<u> </u>	_	-	Section 1	موسد است. موسد او مصد
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3 A					בי וֹישַ	;
		Ger LAUDGET	SALLE Flori	<sub>da</sub> 33319	<b>전</b> 원 강	,
4. 1		(City)	, 1 1011	(Zip Code		
		` */		• •	<b>▶</b> . ••••	
W.	10. Registered	agent's acceptance:				
Į.	Havinglbeen na	med as registered agent and to	accept service of pr	ocess for the above stated c	orporation at the place	
a	designated in th	is application, I hereby accept	the appointment as	registered agent and agree	to act in this capacity.	I
زاج	urther agree to	comply with the provisions of	all statutes relative t	o the proper and complete	performance of my duti	es,
ii a	inu(1 <u>)</u> am jamiili	ar with and accept the obligation	ins oj my position a:	s registereu ugeni.		

And Line 11/2 signature

M. 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 <u>spurisdiction</u> under the law of which it is incorporated.



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

M SEP -9 PH 5: 34

A. DIRECTORS

Chairman:	HESHY LIPSZYC	SECRETARY OF STATE TALLAHASSEE FLORIDA
	B	
Addiess	FT LAUDGEDALE, FL 33319	
Vice Chairma	n:	
Address:		
	,	
Director:		
Address:		
Director:		
Address		
		and the second
B. OFFICI	ERS	•
President:		
Address:		
Vice Presiden	ıt:	
•		
*		
Treasurer:		
Address:		
MOTE IC	(A)	
-1	ecessary, you may attach an addendum to the application listing	ig additional officers and/or directors.
13.	Signature of Chairman, Vice Chairman, or any officer listed in	number 12 of the application)
14	(Typed or printed name and capacity of person si	
	(Typed or printed name and capacity of person si	gning application)

APPHOVE() AND FILED

## State of New York Department of State

19 SEP -9 PH 5: 38

SECRETARY OF STATE TALLAHASSEE, FLORIDA

I hereby certify, that the Certificate of Incorporation of AMERICAN FRIENDS OF HOUSE OF HOPE, INC. was filed on 06/06/2011, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

I further certify, that no other documents have been filed by such Corporation.



Witness my hand and the official seal of the Department of State at the City of Albany, this 08th day of September two thousand and eleven.

Daniel Shapiro

First Deputy Secretary of State

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