

F 12000001479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

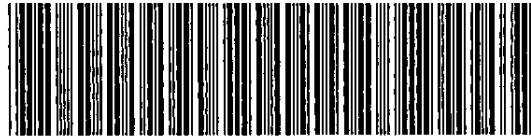
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 APR - 4 PM 4:29

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W12000016892

TO: New Filing Section  
Division of Corporations

SUBJECT: Angels' Wings Network 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", 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:

Samella W. Smith  
(Name of Person)

Angels' Wings Network Inc.  
(Firm/Company)

P.O. Box 880251

(Address)

Port Saint Lucie, FL 34988-0251  
(City/State and Zip Code)

For further information concerning this matter, please call:

Samella W. Smith at (772) 626-8273  
(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

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12 APR -4 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 26, 2012

SAMELLA W. SMITH  
PO BOX 880251  
PORT SAINT LUCIE, FL 34988-0251

SUBJECT: ANGELS' WINGS NETWORK INC.  
Ref. Number: W12000016892

We have received your document for ANGELS' WINGS NETWORK 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.

Please return 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) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 512A00010188

**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. Angels' Wings 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. ILLINOIS 3. 32-0059178  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. January 31, 2003 5. "perpetual"  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 1329 SW Cottonwood Cove Port St. Lucie, FL 34986  
(Principal office address)  
PO Box 880251 Port St. Lucie FL 34988-0251  
(Current mailing address)
8. To provide charitable gifts, monetary, and material donations to children, families, single mothers, women, the elderly, uninsured, underinsured, physically challenged, hungry & veterans.  
(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: Samella W. Smith  
Office Address: 1329 SW. Cottonwood Cove  
Port Saint Lucie, Florida 34986  
(City) (Zip Code)

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SECRETARY OF STATE

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.

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

A. DIRECTORS

Chairman: Samella W. Smith

Address: 1329 SW Cottonwood Cove  
PSL, FL 34986

Vice Chairman: Lawrence W. Smith

Address: 1329 SW Cottonwood Cove  
PSL, FL 34986

Director: Walter T. Washington

Address: 1680 Felten Rd # 4A Aurora IL 60505

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

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

B. OFFICERS

President: Samella W. Smith

Address: 1329 SW Cottonwood Cove  
PSL, FL 34986

Vice President: Lawrence W. Smith

Address: 1329 SW Cottonwood Cove  
PSL, FL 34986

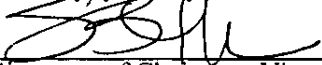
Secretary: Lawrence W. Smith

Address: 1329 SW Cottonwood Cove, PSL FL 34986

Treasurer: Samella W. Smith

Address: 1329 SW Cottonwood Cove, PSL FL 34986

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. Chairman, Vice-Chairman  
(Typed or printed name and capacity of person signing application)

File Number

6266-039-2



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

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

ANGELS' WINGS NETWORK, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 31, 2003, 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.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**In Testimony Whereof,** I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 15TH  
day of MARCH A.D. 2012

*Jesse White*