

F12000003854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

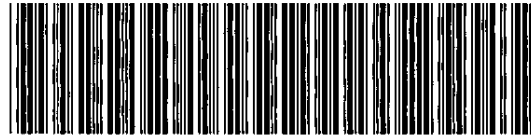
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100239770191

09/19/12--01002--006 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 SEP 19 AM 11:14

Ps 9/20/12

## COVER LETTER

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

**SUBJECT:** CEREBRATIONS, 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:

NICHOLAS WHEELER

Name of Person

CEREBRATIONS, INC.

Firm/Company

PO BOX 16704

Address

ST. PETERSBURG, FL 33733

City/State and Zip Code

IDEAS@CEREBRATIONS.ORG

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

For further information concerning this matter, please call:

NICHOLAS WHEELER

Name of Person

at ( 727 )

495-6678

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

**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. CEREBRATIONS, 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. OREGON 3. N/A  
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. 04/09/2008 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. 14860 SW PARMELE RD, GASTON, OR 97119  
(Principal office address)
- PO BOX 16704, ST PETERSBURG, FL 33733  
(Current mailing address)
8. PUBLIC BENEFIT  
(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: NICHOLAS WHEELER
- Office Address: 1051 3RD AVE N #E3
- ST PETERSBURG, Florida 33705  
(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.*
-   
(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.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 SEP 19 AM 11:14

12 SEP 19 AM 11:14

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

**A. DIRECTORS**

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

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

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

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

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

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

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

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

**B. OFFICERS**

President: NICHOLAS WHEELER

Address: PO BOX 16704, ST PETERSBURG, FL 33733  
\_\_\_\_\_

Vice President: NICHOLAS WHEELER

Address: PO BOX 16704, ST PETERSBURG, FL 33733  
\_\_\_\_\_

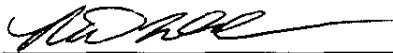
Secretary: NICHOLAS WHEELER

Address: PO BOX 16704, ST PETERSBURG, FL 33733  
\_\_\_\_\_

Treasurer: NICHOLAS WHEELER

Address: PO BOX 16704, ST PETERSBURG, FL 33733  
\_\_\_\_\_

**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. NICHOLAS WHEELER, PRESIDENT  
(Typed or printed name and capacity of person signing application)

CERTIFICATE

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

12 SEP 19 AM 11:14

# State of Oregon

OFFICE OF THE SECRETARY OF STATE  
Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

**CEREBRATIONS, INC.**

was

incorporated

under the Oregon

**Nonprofit Corporation Act**

on

**April 9, 2008**

and is active on the records of the Corporation Division as of  
the date of this certificate.



In Testimony Whereof, I have hereunto set  
my hand and affixed hereto the Seal of the  
State of Oregon.

KATE BROWN, Secretary of State

September 11, 2012