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W12-4600

TO: New Filing Section
Division of Corporations

SUBJECT: De' Vine Connection Restoration CENTER
(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:

DOLores J. RODRIQUEZ
(Name of Person)

De' Vine Connection Restoration
(Firm/Company)

5209 S.E. 114 ST
(Address)

BELLEVIEW, FLORIDA, 34420
(City/State and Zip Code)

For further information concerning this matter, please call:

Dolores Rodriguez at (352) 342-5058
(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

RECEIVED
12 SEP 21 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 6, 2012

DOLORES J. RODRIGUEZ
5902 SE 114 ST
BELLEVIEW, FL 34420

SUBJECT: DE' VINE CONNECTION RESTORATION CENTER CORPORATION
Ref. Number: W12000046100

We have received your document for DE' VINE CONNECTION RESTORATION CENTER CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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: 912A00022550

**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. De'Vine Connection Restoration Center Corporation
(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. OHIO, USA 3. 26-2284924
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4-23-2009 JUNE 1, 2009 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
7. 5209 S.E. 114 ST BELLEVUE, FL 34420
(Principal office address)
5209 S.E. 114 ST. BELLEVUE, FLORIDA 34420
(Current mailing address)
8. To house and restore battered, broken women with addictions.
(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: Dolores Rodriguez
Office Address: 5209 S.E. 114 ST
BELLEVUE, Florida 34420
(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.

Dolores J. Rodriguez
(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.

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

A. DIRECTORS

Chairman: Kerry ~~Schultz~~ Schultz

Address: 4536 WALKER
TOLEDO, OHIO 43512

Vice Chairman: Bob Schultz

Address: 4536 WALKER
TOLEDO, OHIO 43512

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Dolores Rodriguez

Address: 5209 SE 114 ST
BELLEVIEW, FLORIDA 34420

Vice President: Martin Rodriguez

Address: 5209 SE 114 ST
BELLEVIEW, FLORIDA, 34420

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Dolores J. Rodriguez
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DOLORES J. RODRIGUEZ
(Typed or printed name and capacity of person signing application)

12 SEP 21 PM 12:21

**United States of America
State of Ohio
Office of the Secretary of State**

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show DE'VINE CONNECTION RESTORATION CENTER, an Ohio not for profit corporation, Charter No. 1860696, having its principal location in Oregon, County of Lucas, was incorporated on June 01, 2009 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 18th day of September, A.D. 2012*

Jon Husted

Ohio Secretary of State