# F12000005125

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	<del>:</del> #)
PICK-UP	WAIT	MAIL
<b>(</b> Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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SECRETARY OF STATE

12/2/

# **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: SOCIAL SOCIAL Name of Corporation	on – must include suffix
Dear Sir or Madam:	
	t Corporation for Authorization to Conduct its Affairs in Florida tanding" and check are submitted to register the above reference orida.
Please return all correspondence concerning this ma	atter to the following:
Jannifer	Swain Name of Person
Spacial "	Spacas Firm/Company
9028 K	liddlebrook Pike
. <del> </del>	Address
Knoxville	ty/State and Zip Code
DE-mail address: (to be used for t	orgial Spaces org
For further information concerning this matter, plea	se call:
Janifer Sogin at a	865) 249-6079 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	S78.75 Filing Fee & S87.50 Filing Fee, Certified Copy 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:

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. Tanassaa 3. 42-1641574  (State or country under the law of which it is incorporated)  4. Use of Incorporation)  (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. 9038 Middle brook Pika Knowille, TO 37928  (Principal office address)
(Principal office address)  Same (Current mailing address)
8. To create dream bedrooms for children with the threatening (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) illnesses
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: NRAI Scrutcas
Office Address: 515 Last lark Ave.  Tallahassee., Florida FL 3030 188 18 18 18 18 18 18 18 18 18 18 18 18
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.
NRAI SERVICES, INC.  lessica Cox. Assistant Secretary  (Registered agent's signature)
(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: Jennice Swain
Address: 9028 Middlebrook Yike
Knoxville, TD 37923
Vice Chairman:
Address:
Director: Sharon Schutz  Address: 9628 Middlebrook Pike  Knoxville TD 37923
Director:
Address:
TACE SE
B. OFFICERS
Trestaction Division
Address: 401 Perimeter PK  KnoxVIIIe, TO 37919
Vice President:
Address:
Secretary: Tanya Aker
Address: 401 Derimeter PK Knoxville, TW3791
Treasurer: Christopher Swain
Address: 10907 Wyngak Trace Meguan, WI 5309.
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. Jenni-Cit Social Executive Director  (Typed or printed name and capacity of person signing application)



## STATE OF TENNESSEE Tre Hargett, Secretary of State

Division of Business Services

William R. Snodgrass Tower 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

#### **JENNIFER SWAIN**

9028 MIDDLEBROOK PIKE KNOXVILLE, TN 37923-1507

Request Type: Certificate of Existence/Authorization

Request #:

0082553

Issuance Date: 11/19/2012

Copies Requested:

November 19, 2012

**Document Receipt** 

Receipt #: 849204

Filing Fee:

\$20.00

Payment-Check/MO - JENNIFER SWAIN, KNOXVILLE, TN

\$20.00

Regarding:

SPECIAL SPACES, INC.

Filing Type:

Corporation Non-Profit - Domestic

Formation/Qualification Date: 07/08/2004

Status:

Active

**Duration Term: Business County: KNOX COUNTY** 

Perpetual

Control #:

473279

Date Formed:

07/08/2004

Formation Locale: TENNESSEE

Inactive Date:

#### CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

### SPECIAL SPACES, INC.

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- has filed the most recent corporation annual report required with this office;
- \* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Verification #: 002020004

Processed By: Sheila Keeling