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TALLAHASSEE, FLORIDA

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J. Shivers FEB 07 2013

W12-47



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 2, 2013

REBECCA BAZZLE CSW, LMFT  
1400 ENVOY CIRCLE SUITE 1416  
LOUISVILLE, KY 40241

SUBJECT: OPERATION OPEN ARMS, INC  
Ref. Number: W13000000043

We have received your document for OPERATION OPEN ARMS, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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) 245-6052.

Justin M Shivers  
Regulatory Specialist II  
New Filing Section

Letter Number: 613A00000018

## COVER LETTER

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

**SUBJECT:** Operation Open Arms, 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:

Rebecca Bazzle CSW, LMFT  
Name of Person

Operation Open Arms, Inc  
Firm/Company

1400 Envoy Circle, Suite 1416  
Address

Louisville, Ky 40241  
City/State and Zip Code

administrator@oparms.org  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Sharon Neville at ( 502 ) 681-4255  
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

**RESOLUTION OF BOARD OF DIRECTORS**

(Please print or type)

I, the undersigned Catherine T. Bailey, do hereby certify  
(Name)

that this Resolution of the Board of directors of Operation Open  
Arms, Incorporated  
(Corporate Name)

a corporation duly organized and existing under the laws of the State of Kentucky,  
was duly adopted on June 4, 2001

Be it resolved, that Operation Open Arms, Incorporated  
(Corporate Name)

organized and existing in the State of Kentucky, hereby adopts the name  
Operation Open Arms, Inc Caring for Kids for use in Florida.

Dated: 1/31/13

Catherine T. Bailey  
Signature of either Chairman, Vice Chairman or any officer  
Catherine T. Bailey  
Type of print name

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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**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. Operation Open Arms, 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. Kentucky 3. 31 178 77 56  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 4, 2001 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. 1400 Envoy Circle, Suite 1416 Louisville, Ky 40299  
(Principal office address)

1400 Envoy Circle, Suite 1416 Louisville, Ky 40299  
(Current mailing address)

8. Child placement agency foster and adoption  
(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: IRVING W. BAILEY II

Office Address: 15 GOLFVIEW RD.  
PALE BEACH, Florida 33480  
(City) (Zip Code)

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**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: Cathy Bailey

Address: 4326 Glenview Ave  
Glenview, Ky 40025

Vice Chairman: Linda Yeager

Address: 101 W. Muhammad Ali Blvd  
Louisville, Ky 40202

Exec Director: Rebecca Bazzle CSW, LMFT Exec. Director

Address: 3516 Mount Ranier Dr.  
Louisville, Ky 40241

Director: IRVING W. BAILEY II

Address: 1566/FVIEW Rd.  
PAIK BEACH, FL 33480

**B. OFFICERS**

President: Cathy Bailey

Address: 4326 Glenview Ave  
Glenview, Ky 40025

Vice President: Linda Yeager

Address: 101 W. Muhammad Ali Blvd.  
Louisville, Ky 40202

Secretary: Shari Flowers

Address: 406 Duff Lane Louisville, Ky 40207

Treasurer: Irv Bailey

Address: 4326 Glenview Ave Glenview, Ky 40025

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

13. [Signature]  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. IRVING W. BAILEY II  
(Typed or printed name and capacity of person signing application)

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**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**

Alison Lundergan Grimes  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Certificate of Existence**

Authentication number: 133639  
Visit <https://app.sos.ky.gov/fishow/certvalidate.aspx> to authenticate this certificate.

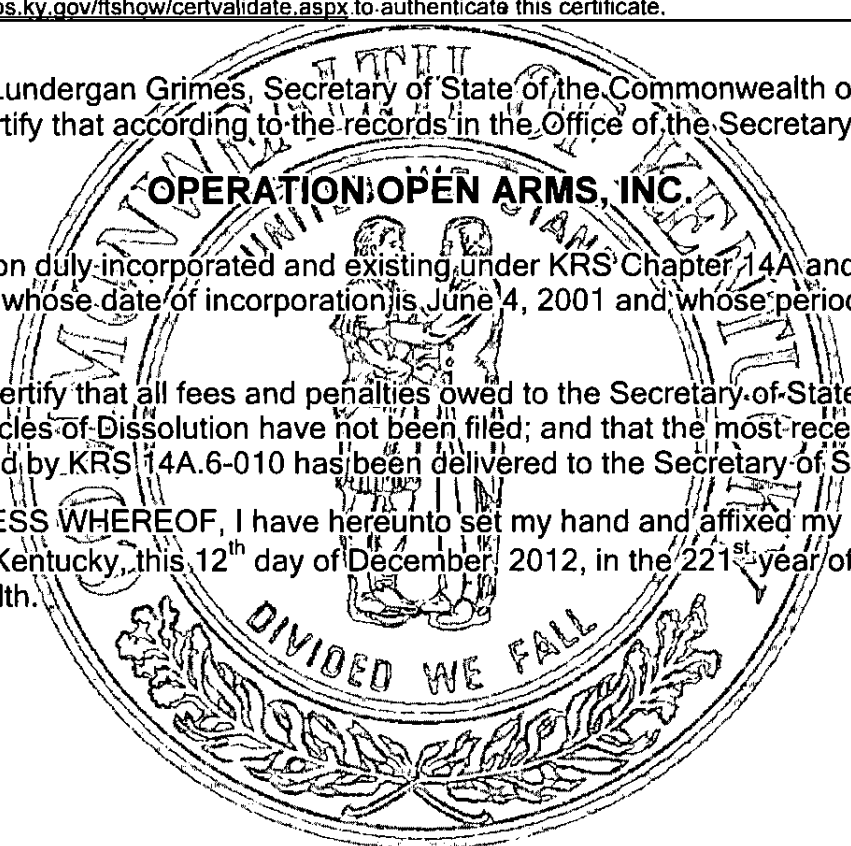
I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**OPERATION OPEN ARMS, INC.**

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 273, whose date of incorporation is June 4, 2001 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 12<sup>th</sup> day of December, 2012, in the 221<sup>st</sup> year of the Commonwealth.



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TALLAHASSEE FLORIDA

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*Alison Lundergan Grimes*  
Alison Lundergan Grimes  
Secretary of State  
Commonwealth of Kentucky  
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