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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

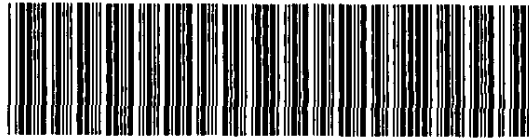
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*ADDED ", INC." TO
CORP. NAME PER TELEPHONE
CONVERSATION WITH
MARIA DOHERTY.*

K 07/17/13

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MARIA DOHERTY, M.D. CHILD HEALTH FOUNDATION
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:

MARIA DOHERTY
Name of Person

MARIA DOHERTY, M.D. CHILD HEALTH FOUNDATION
Firm/Company

14089 HIGHGROVE RD.
Address

SPRINGHILL FL 34609
City/State and Zip Code

dignaxx@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA DOHERTY at (813) 453 2219
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

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. MARIA DOHERTY, M.D. CHILD HEALTH FOUNDATION, 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. NEVADA
(State or country under the law of which it is incorporated)
3. _____
(FEI number, if applicable)
4. 6/21/2012
(Date of Incorporation)
5. PERPETUAL
(Duration: Year corp. will cease to exist or "perpetual")
6. HAS NOT CONDUCTED BUSINESS
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 11525 CORTEZ BLVD BROOKSVILLE FL 34613
(Principal office address)
11525 CORTEZ BLVD BROOKSVILLE FL 34613
(Current mailing address)
8. CHILDRENS HEALTH
(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: MARIA DOHERTY
Office Address: 14089 HIGHGROVE RD
SPRINGHILL Florida 34609
(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.

Maria D Doherty
(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: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: MARIA DOHERTY

Address: 14089 HIGHGROVE RD SPRINGHILL FL 34609

B. OFFICERS

President: MARIA DOHERTY

Address: 14089 HIGHGROVE RD SPRINGHILL FL 34609

Vice President: _____

Address: _____

Secretary: MARIA DOHERTY

Address: 14089 HIGHGROVE RD SPRINGHILL FL 34609

Treasurer: MARIA DOHERTY

Address: 14089 HIGHGROVE RD SPRINGHILL FL 34609

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

13. Maria Doherty MD
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. MARIA DOHERTY, PRESIDENT
(Typed or printed name and capacity of person signing application)

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CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MARIA DOHERTY, M.D. CHILD HEALTH FOUNDATION**, as a non-profit corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since June 21, 2012, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 27, 2013.

A handwritten signature in black ink, appearing to read "Ross Miller".

ROSS MILLER
Secretary of State



Electronic Certificate
Certificate Number: C20130627-4104
You may verify this electronic certificate
online at <http://www.nvsos.gov/>