

F130000004872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

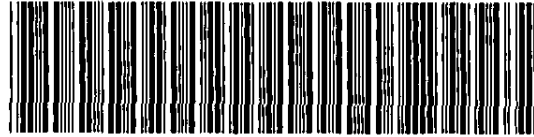
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600252816966

11/08/13--01005--001 \*\*78.75

RECEIVED  
DEPARTMENT OF STATE  
13 NOV - 8 AM 8:47

13 NOV - 8 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

W13-62034  
P. 11/8/13



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 8, 2013

XELLENT, INC  
389 SAND RIDGE DR  
DAVENPORT, FL 33896

SUBJECT: SECOND CHANCE FAMILIES, INC  
Ref. Number: W13000062034

We have received your document for SECOND CHANCE FAMILIES, 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 on the application must be consistent with the certificate.

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.

Pamela Smith  
Regulatory Specialist II

Letter Number: 613A00026011

## COVER LETTER

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

**SUBJECT:** Second Chance Phoenix Ministry, 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 Status" 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:**

Name of Person

**Xellente, Inc**  
**Firm/Company**

**389 Sand Ridge Dr.**  
**Address**

**Davenport, FL 33896**  
**City/State and Zip Code**

**admin@xellente.com**

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

**For further information concerning this matter, please call:**

Ceasar  
Name of Person

at ( 407 ) 982-4099  
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. Second Chance Phoenix Ministry, 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. Arizona 3. 86-0897128  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/11/1997 5. Perpetual  
(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. 13835 N. Tatum Blvd. #9-164 Phoenix, AZ 85032  
(Principal office address)

389 Sand Ridge Dr. Davenport, FL 33896  
(Current mailing address)

8. Family Services Outreach to Children and Families  
(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: Xellente, Inc

Office Address: 389 Sand Ridge Dr.

Davenport, Florida 33896  
(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.

13 NOV -8 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: Robert Torres

Address: 1923 Bragg St. 140-1059 Sanford, NC 27330

Vice Chairman: Robert Torres

Address: 1923 Bragg St. 140-1059 Sanford, NC 27330

Director: Robert Torres

Address: 1923 Bragg St. 140-1059 Sanford, NC 27330

Director: Robert Torres

Address: 1923 Bragg St. 140-1059 Sanford, NC 27330

**B. OFFICERS**

President: Robert Torres

Address: 1923 Bragg St. 140-1059 Sanford, NC 27330

Vice President: Robert Torres

Address: 1923 Bragg St. 140-1059 Sanford, NC 27330

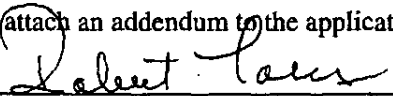
Secretary: Robert Torres

Address: 1923 Bragg St. 140-1059 Sanford, NC 27330

Treasurer: Robert Torres

Address: 1923 Bragg St. 140-1059 Sanford, NC 27330

**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. Robert Torres - President  
(Typed or printed name and capacity of person signing application)

13 NOV - 8 AM 9:25  
SECRETARY OF STATE  
PALM BEACH, FLORIDA

APPROVED  
FILED

# STATE OF ARIZONA



## Office of the CORPORATION COMMISSION

### CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Jodi A. Jerich, Executive Director of the Arizona Corporation Commission, do hereby certify that

**\*\*\*SECOND CHANCE PHOENIX MINISTRY\*\*\***

a domestic nonprofit corporation organized under the laws of the State of Arizona, did incorporate on July 11, 1997.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Nonprofit Corporation Act; and that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-3122, 10-3123, 10-3125, & 10-11622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 7th Day of November, 2013, A. D.



  
Jodi A. Jerich, Executive Director

By: \_\_\_\_\_ 983841

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 NOV -8 AM 9:25

APPROVED  
FILED