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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

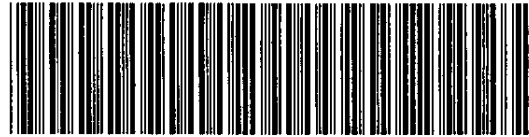
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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A. DUNLAP

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## COVER LETTER

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

**SUBJECT:** Spirit of Hope Children's Foundation, 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:

Kathy Ann Arnold

Name of Person

Spirit of Hope Children's Foundation, Inc.

Firm/Company

3539 Clipper Mill Road

Address

Baltimore, MD 21211

City/State and Zip Code

karnold @triggeragency.com

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

For further information concerning this matter, please call:

Kathy Ann Arnold

Name of Person

at ( 410 ) 804-8932

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

✓ **7 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. **Spirit of Hope Children's 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. **Virginia**

(State or country under the law of which it is incorporated)

3. **27-5437789**

(FEI number, if applicable)

4. **1/10/2011**

(Date of Incorporation)

5. **perpetual**

(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. **1763 Fountain Drive, Reston, VA 20190**

(Principal office address)

**3539 Clipper Mill Road, Baltimore, MD 21211**

(Current mailing address)

8. **To provide support & promote education for children & adults afflicted with a mental or physical disability**  
(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: **Dave Walker**

Office Address: **941 Knollwood Drive**

**Dunedin**

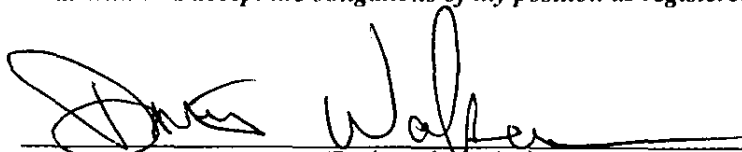
(City)

, Florida **34698**

(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.

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: Greg Nivens  
Address: 614 Highland Avenue  
Towson, MD 21204

Vice Chairman: Katherine Benson Nivens  
Address: 614 Highland Avenue  
Towson, MD 21204

Director: Dave Walker  
Address: 941 Knollwood Drive  
Dunedin, FL 34698

Director: Kathy Ann Arnold  
Address: 3410 Harmony Court  
Baltimore, MD 21224

**B. OFFICERS**

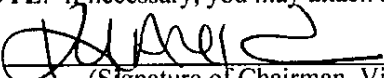
President: Greg Nivens  
Address: 614 Highland Avenue  
Towson, MD 21204

Vice President: Katherine Benson Nivens  
Address: 614 Highland Avenue  
Towson, MD 21204

Secretary: Kathy Ann Arnold  
Address: 3410 Harmony Court, Baltimore, MD 21224

Treasurer: \_\_\_\_\_  
Address: \_\_\_\_\_

**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. Kathy Ann Arnold  
(Typed or printed name and capacity of person signing application)

# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF GOOD STANDING

*I Certify the Following from the Records of the Commission:*

That SPIRIT OF HOPE CHILDREN'S FOUNDATION, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is January 10, 2011;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:  
February 4, 2014*

*Joel H. Peck*  
Joel H. Peck, Clerk of the Commission