

F14000000 800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

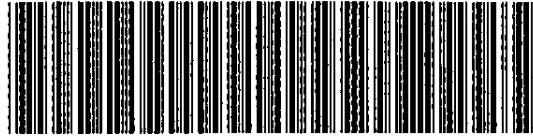
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W14-6681

Office Use Only



800255869778

01/24/14--01027--003 **78.75

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DIVISION OF CORPORATIONS
2014 FEB 20 AM 10:20

UH

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Extended Hands 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:

Jennifer Johnson
Name of Person

Firm/Company

6908 Saint Johns River Drive Apt 201
Address

Tampa Florida 33617
City/State and Zip Code

jennifer.johnson.9176@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Johnson at (813) 707-4807
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2014

JENNIFER JOHNSON
6908 SAINT JOHNS RIVER DRIVE APT 201
TAMPA, FL 33617

SUBJECT: EXTENDED HANDS INCORPORATED
Ref. Number: W14000006681

We have received your document for EXTENDED HANDS INCORPORATED 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 not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, and Inc.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The name listed on line 14 has to be the only name listed on line 13. Please remove all other names.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 514A00002281

**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. Extended Hands Incorporated
(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. Illinois 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 30, 2006 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. 321 East Leafland Avenue Decatur IL 62521
(Principal office address)

6908 Saint Johns River Drive Apt. 201 Tampa Florida 33617
(Current mailing address)

8. To provide a variety of social services to empower our community
(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: Jennifer Johnson

Office Address: 6908 Saint Johns River Drive Apt 201
Tampa, Florida 33617
(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.*

Jennifer Johnson
(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.

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DIVISION OF CORPORATE AFFAIRS
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DIVISION OF CORPORATIONS

2014 FEB 20 AM 10:20

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO ADOPT AN
ALTERNATE NAME FOR USE IN FLORIDA**

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Donna Rogers, do hereby certify
(Name)

that this Resolution of the Board of Directors of _____
Extended Hands
(Name of Corporation)

a corporation duly organized and existing under the laws of Illinois,
(State or Country)

was adopted on February 8, 2014, adopting the alternate

name of Extended Hands Reasonable Service Incorporated
(Alternate Name) NOTE: Must contain a corporate suffix)

for use in Florida as its real name is unavailable in Florida.

Date: 2/10/14

Donna Rogers
Signature of Chairman, Vice Chairman of the Board, a
director or any officer

Chairman
Title of person signing

FILING FEE \$35

(No fee required if submitted with a foreign not for profit qualification or amendment)

Make checks payable to Florida Department of State and mail to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Donna Rogers
Address: 321 East Leafland Avenue Decatur IL 62521

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: Monica Rudd

Address: 1933 Grande Isle Drive Brandon Florida 33511

Treasurer: Jennifer Johnson

Address: 6908 St Johns River Drive Apt 201 Tampa Florida 33617

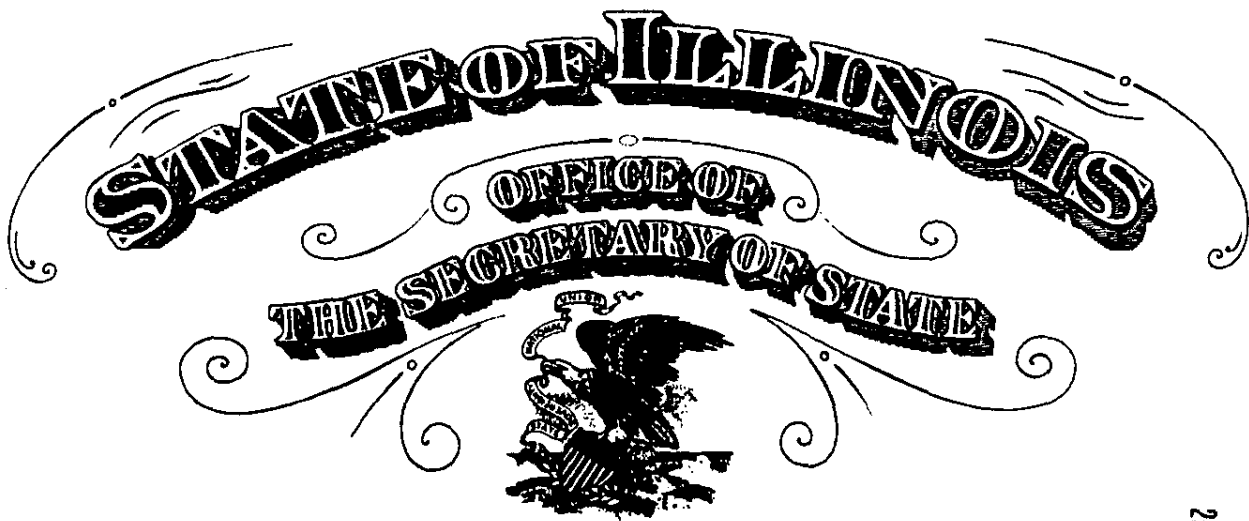
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

14. Jennifer Johnson (treasurer)
(Typed or printed name and capacity of person signing application)

File Number

6468-251-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

EXTENDED HANDS, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 30, 2006, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

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DIVISION OF CORPORATIONS
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*In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 10TH
day of DECEMBER A.D. 2013 .*

Jesse White

Authentication #: 1334400724

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE