## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000146062 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name

Account Number : FCA000000023

Phone

Fax Number

\*RE-SUBMIT\*

Please retain original filing

: C T CORPORATION SY

: (853)222-1092

: (850)878-5368

date of submission elia

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

-

FOREIGN PROFIT/NONPROFIT CORPORATION

Protecting Our Future Action Fund, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	0.86
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

850-617-6381

6/19/2014 1:56:29 PM PAGE 1/001 Fax Server



June 19, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: PROTECTING OUR FUTURE ACTION FUND, INC.

REF: W14000038349

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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.

Jessica A Fason Regulatory Specialist II FAX Aud. #: H14000146062 Letter Number: 114A00013349

\*RE-SUBMIT\*
Please relain adainal fling
date of submission \_cl/8

#### **COVER LETTER**

TO;	New Filing So Division of C						
SUBJ	ECT: Protecting	Our Puture Action Fund, Inc.		•			
		Name of Corporation	on – must include suffix				
Dear S	ir or Madam:						
Affair:	⊧ in Fiorida", "Cı	tion by Foreign Not for Profi prifficate of Existence", or "C enced not for profit corporati	crtificate of Status" and ch	ock are submitted to			
Please	return all corres	pondence concerning this me	itter to the following:				
	Dick Bo	ichelar-					
		Name o	Person				
	Protecti	ng Our Future Action Fund, Inc					
		Finn/C	ompany				
	201 S. Orange Avenue,						
	Suite 96	₹o →					
		ALLAH.					
	Ortando	, FL 32801					
	<del></del>	City/State a	nd Zip Code				
	dick@dl	ong.inc.com					
	E-n	nail address: (to be used for t	ulure annual report notifier	ation)			
For fur	ther information	concerning this matter, please	se call:	10 <b>10</b>			
Debra	Booth, Treasurer	of Person at (	492-0168 Area Code & Daytime Te	Indiana Musika			
	Name	or retsort	Arek Code & Dayline Te	tephone number			
MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314			STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclos	ud is a check for	the following emount:					
CI \$70	1.00 Filing Fee	□\$78,75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	S87.50 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:

Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in flauguage as will clearly indicate that it is a corporation instead of a natural person or perturbation in the name at present. "Company" or "Co." may not be used as a corporate suffix by a monprofit corporation.)    (If name unavailable in Plorida, enter alternate corporate names adopted for the purpose of transacting business in Florida)   (If name unavailable in Plorida, enter alternate corporate names adopted for the purpose of transacting business in Florida)   (State or country under the law of which it is incorporated)	Protecting Our Pur	ture Action Fund, Inc.			
2. Washington, District of Columbia  (State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (Date of Incorporation)  (Date of Incorporation)  (Date it is tonducted of fairs in Florida if prior to registration. See sections 617.1301 & 617.1302, F.S. to determine penalty liability.)  7. 201 S. Orange Avenue, Suite 960, Orlando, FL 32801  (Principal office address)  (Current mailing address)  (Current mailing address)  8. Social welfare organization functions.  (Purpose(s) of corporation uninsurized 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 accuptable)  Name:  CT Corporation System  Office Address:  1200 South Pine Island Road  Plantation  (City)  Florida  33324  (City)  (City)  CJip Code)  10. Registered agent's acceptance of all satures reintive to the proper and complete performance of any daties, and I am familiar with the provisions of all satures reintive to the proper and complete performance of any daties, and I am familiar with and accept the obligations of my position as registered agent.  CT Corporation System	import in language a	s will clearly indicate that it is a corporation	n instead of a	natural person or partnership if no	ations of like H so contained
(State or country under the law of which it is incorporated) 4. 6/13/14 (Date of Incorporation) (Date of Incorporation in Plorida II prior to registration. See sections 617.1301 & 617.1307, F.S. to determine penalty liability.)  7. 201 S. Orange Avenue, Suite 960, Orlando, FL 32801 (Principal office address) (Current mailing address) (Current mailing address)  8. Social welfare organization functions. (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 Plorida registered agent: (P.O. Box NOT acceptable)  Name:  CT Corporation System  Office Address:  1200 South Pine Island Road  Plantation (City)  10. Registered agent's acceptance:  If a by by 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 application that capacity. I further agent and agree to complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.  CT Corporation System	(If name unavailab	le in Florida, enter alternate corporate name	adopted for t	he purpose of transacting busines	s in Florida)
(State or country under the law of which it is incorporated) 4. 6/13/14 (Date of Incorporation) (Date of Incorporation in Plorida II prior to registration. See sections 617.1301 & 617.1307, F.S. to determine penalty liability.)  7. 201 S. Orange Avenue, Suite 960, Orlando, FL 32801 (Principal office address) (Current mailing address) (Current mailing address)  8. Social welfare organization functions. (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 Plorida registered agent: (P.O. Box NOT acceptable)  Name:  CT Corporation System  Office Address:  1200 South Pine Island Road  Plantation (City)  10. Registered agent's acceptance:  If a by by 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 application that capacity. I further agent and agree to complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.  CT Corporation System	Washington, Distr	ici of Columbia a	47-1098440		
(Date of Incorporation)  (Date of Incorporation in Provide If prior to registration. See sections 617.1301 & 617.1302, F.S. to determine penalty liability,)  (Date of Incorporation incorporation of Provide Principal office address)  (Current mailing addre	(State or country	under the law of which it is incorporated)	`	(FEI number, il applicable)	<del></del>
(Date of Incorporation)  (Date of Incorporation)  (Date first conducted offairs in Florida II prior to registration. See sections 617.1301 & 617.1302, F.S. to determine penalty liability.)  7. 201 S. Orange Avenue, Suite 960, Orlando, FL 32801  (Principal office address)  201 S. Orange Avenue, Suite 960, Orlando, FL 32801  (Current mulling address)  8. Social welfare organization functions.  (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 Plorida registered agent: (P.O. Box NOT acceptable)  Name:  CT Corporation System  Office Address:  1200 South Pine Island Road  Plantation  Florida  733324  (City)  10. Registered agent's acceptance:  Having been named as registered agent and to accept zervice 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 complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.  CT Corporation System	K#13/14		Perpetual		
Other first conducted offsirs in Florida if prior to registration. See sections 617.1301 & 617.1302, F.S. to determine penalty liability.)  7. 201 S. Orange Avenue, Suite 960, Orlando, FL 32801  (Principal office address)  (Current halling address)  8. Social welfare organization functions.  (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 Plorida registered agent: (P.O. Box NOT acceptable)  Name:  CT Corporation System  Office Address:  Plantation  Florida  1200 South Pine Island Road  Plantation  (City)  (City)  (Cip 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 hareby 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.  CT Corporation System		of Incorporation)	(Duration:	Year corp. will cease to exist or	perpetual")
(Date first conducted offsirs in Florida if prior to registration. See sections 617.1507. F.S. to determine panally Hability.)  7. 201 S. Orange Avenue, Suite 960, Orlando, FL 32801  (Principal office address)  (Current mailing address)  (Current mailing address)  8. Social welfare organization functions. (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 Plorida registered agent: (P.O. Box NOT acceptable)  Name:  CT Corporation System  Office Address:  Plantation  Flantation  Flantation  Flantation  Flantation  Flantation  Flantation  Flantation  Flantation  Office Address:  1200 South Pine Island Road  Flantation  Flantation  Flantation  Flantation  Flantation  Flantation  Flantation  Office Address:  City					
(Principal office address)  201 S. Orange Avenue, Suite 960, Orlando, FL 32801  (Current malling address)  8. Social welfare organization functions. (Purpose(s) of corporation indisportant in home state or country to be carried out in the state of Florida)  9. Name and street address of Plorida registered agent: (P.O. Box NOT acceptable)  Name: CT Corporation System  Office Address: 1200 South Pine Island Road  Plantation Florida 33324  (City)  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 have by 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.  CT Corporation System	())ate first conducted	nffairs in Florida if prior to registration. See	sections 617.	301 & 617.1302, F.S. to determin	r penalty liability.)
(Principal office address)  201 S. Orange Avenue, Suite 960, Orlando, FL 32801  (Current halling address)  8. Social welfare organization functions. (Purpose(s) of corporation numberized in home state or country to be carried out in the state of Florida)  9. Name and street address of Plorida registered agent: (P.O. Box NOT acceptable)  Name: C T Corporation System  Office Address: 1200 South Pine Island Road  Plantation , Florida 33324  (City)  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 have by 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.  CT Corporation System	201 S. Orange Ave	mue, Suite 960, Orlando, FL 32801			
Current malling address   Current malling address	/	(Principal o	ffice address		
(Current nisilling address)  8. Social welfare organization functions. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florids)  9. Name and street address of Plorida registered agent: (P.O. Box NOT acceptable)  Name: CT Corporation System  Office Address: 1200 South Pine Island Road  Plantation Florida 33324  (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.  CT Corporation System	201 F O A	Suite 860 Adeada Et 32801			
8. Social welfare organization functions.  (Furpose(s) of corporation inclinarized in home state or country to be carried out in the state of Florida)  9. Name and street address of Plorida registered agent: (P.O. Box NOT acceptable)  Name: CT Corporation System  Office Address: 1200 South Pine Island Road  Plantation Florida 33324  (City) (Zip Code)  10. Registered agent's acceptance: Flaving 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 any duties, and I am familiar with and accept the obligations of my position as registered agent.  CT Corporation System	201 S. Ominge Ave	•	siallinia addasi		
8. Social welfare organization functions.  (Purpose(s) of corporation multivized in home state or country to be carried out in the state of Florida)  9. Name and street address of Plorida registered agent: (P.O. Box NOT acceptable)  Name: CT Corporation System  Office Address: 1200 South Pine Island Road  Plantation Florida 33324  (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 hareby 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.  CT Corporation System		Curent	maning accirc		<b>5</b>
(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 Plorida registered agent: (P.O. Box NOT acceptable)  Name: CT Corporation System    1200 South Pine Island Road					တ္တန်း ထ
9. Name and street address of Plorida registered agent: (P.O. Box NOT acceptable)  Name: CT Corporation System  Office Address: 1200 South Pine Island Road  Plantation Florida 33324  (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 hareby accept the appointment as registered agent and agree to act in this capacity. I further agree the 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.  CT Corporation System					1717
9. Name and street address of Plorida registered agent: (P.O. Box NOT acceptable)  Name: CT Corporation System  Office Address: 1200 South Pine Island Road  Plantation Florida 33324  (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 hareby 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.  CT Corporation System	(i,nubose(s) of corb	oration authorized in nome trace or country	to ne cuttico	out in the state of Piorida)	
Name: C1 Corporation System  Office Address: 1200 South Pine Island Road  Plantation , Florida 33324  (City) (Zip Code)  10. Registered agent's acceptance: flaving 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.  CT Corporation System	9. Name and street a	address of Plorida registered agent: (P.C	O. Box <u>NOT</u>	acceptable)	2: 4 5: 4: [0]
Plantation	Name:	C T Corporation System	<del></del>		<b>&gt;</b> (a)
(City)  (City)  (Zip Code)  (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.  (ONGO BUCH)  CT Corporation System	Office Address:	1200 South Pine Island Road	<del></del>		
(City)  (City)  (City)  (City)  (Cip Code)  (Cip Code)		Plantation	, Florida	33324	
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 us 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.  CT Corporation System	<del></del>	(City)		(Zip Code)	
CT Corporation System  (Onnie Bryan  Registred agent's signature)  (Registered agent's signature)	Having been named designated in this a further agree to con	i as registered agent and to accept ser pplication, I hereby accept the appoin uply with the provisions of all statutes	iment us reg reintive to t	istered agent and agree to act he proper and complete perfo on as registered agent.	i in this capacity. I rmance of my
By: (Registered agent's algorithm)				Connie Bryan	
(Registered agent's signature)	<b>5</b>			Recietant Sociali	aru
	ву:	(Registered	egent's signal	pre)	7

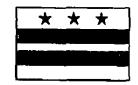
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors	
A. DIRECTORS	
Chairman:	
Address:	
Vice Chairman:	
Address:	
Director	
Address:	
Director:	# S #
Address: Oriando, FL 32801	<b>≥</b> 5 5
B. OFFICERS  President: Dick Batchelor	555 <b>C</b>
Address: 201 S. Orange Avenue, Suite 960	50 N
Orlando, FL 32801	## £
Vice President:	
Address:	
Secretary:	
Address: 101 South Eola Drive, #1008, Orlando PL 32801	
Treasurer: Debra Booth	
Address: 526 Rugby Street, Orlando, FL 32804	
NOTE: If necessary, you may attach an addendum to the application listing additional of	
14. Saturday Chairman, or any officer listed in number 12 of the Chairman, or any officer listed in number 12 of the Chairman (Typed or printed anne and capacity of person signing applications).	,

Initial File #: N00004976448

### GOVERNMENT OF THE DISTRICT OF COLUMBIA

DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS CORPORATIONS DIVISION



#### CERTIFICATE

THIS IS TO CERTIFY that all applicable provisions of the District of Columbia Business Organizations Code (Title 29) have been complied with and accordingly, this CERTIFICATE OF GOOD STANDING is hereby issued to

#### PROTECTING OUR FUTURE ACTION FUND

WE FURTHER CERTIFY that the domestic filing entity is formed under the law of the District on 6/13/2014; that all fees, and penalties owed to the District for entity filings collected through the Mayor have been paid and Payment is reflected in the records of the Mayor; The entity's most recent biennial report required by § 29-102.11 has been delivered for filing to the Mayor; and the entity has not been dissolved. This office does not have any information about the entity's business practices and financial standing and this certificate shall not be construed as the entity's endorsement.

IN TESTIMONY WHEREOF I have hereunto set my hand and caused the seal of this office to be affixed as of 6/18/2014 2:20 PM

CONTRACTOR OF CONTRACT

Vincent C. Gray Mayor

Tracking #: xF8UZoZR

Business and Professional Licensing Administration

PATRICIA E. GRAYS
Superintendent of Corporations

Corporations Division

PH 2: 49