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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER



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

Recovering Fathers 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:

Edward Simmons
Name of Person
Recovering Fathers Inc.
Firm/Company
4253 Fitzwilliam Street
Address
Dublin, CA 94568
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vincent Simmons	at (510	393-4228
Name of Person		Area Cod	le & 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:

Californ		e adopted for the purpose of transacting business	in Florida)	
State or coun	try under the law of which it is incorporated)	. 91-2170563 (FEI number, if applicable)		
12/13/20	34	Demotival		
	ate of Incorporation)	(Duration: Year corp. will cease to exist or "pe	erpetual")	
Not star	ted		• •	
(Date first condu	cted affairs in Florida if prior to registration. See	e sections 617.1501 & 617.1502, F.S. to determine j	penalty liabili	ity.)
211 101	n Street, Suite 280, Oakland	1 CA 94607		
		office address)		
044.404	•	•		
211 100	n Street, Suite 280, Oakland	mailing address)		
	Curent	maning address)		
Charitah	le community services for n	eady children and families		
(Purpose(s) of c	orporation authorized in home state or country	eedy children and lamiles.		
	orboration authorized in nome state of country	to be carried out in the state of Florida)		
/ F-24(a) 21 a	orporation authorized in nome state or country	to be carried out in the state of Florida)		
	et address of Florida registered agent: (P.			
Name and stre	et address of Florida registered agent: (P.		**	即公
. Name and <u>stre</u>			¥ SEP	BIVISIO
Name and stre	et address of Florida registered agent: (P.		解 SEP 12	BIVISION OF
Name and stre	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)	豫 SEP 12 F	ASSESSION OF THE PARTY OF THE P
Name and stre	et address of Florida registered agent: (P.	O. Box <u>NOT</u> acceptable)		BY VISION OF CROSE
Name and stre	et address of Florida registered agent: (P. Frederick Jackson 9512 Sibbald Blvd.		豫 SEP 12 PM 4: 1	BIVISION OF CARPACTE
Name and streen Name: Office Address:	et address of Florida registered agent: (P. Frederick Jackson 9512 Sibbald Blvd. Jacksonville (City)	O. Box <u>NOT</u> acceptable) , Florida 32208		DIVISION OF CASHARY CANANA
Name and streen Name: Office Address:	et address of Florida registered agent: (P. Frederick Jackson 9512 Sibbald Blvd. Jacksonville (City) agent's acceptance:	O. Box NOT acceptable) , Florida 32208 (Zip Code)	PH 4: 13	DIVICION OF CAMPARITY AND PLACE
Name and street Name: Office Address: O. Registered Taving been names ignated in the	et address of Florida registered agent: (P. Frederick Jackson 9512 Sibbald Blvd. Jacksonville (City) agent's acceptance: med as registered agent and to accept ser is application, I hereby accept the appoin	O. Box NOT acceptable) , Florida 32208, Florida above stated corporation as registered agent and agree to act in the control of t	tion at the property that the property is a second to the property in this capa	city. I
Name and street Name: Office Address: O. Registered Taving been navesignated in the street to the street of the	et address of Florida registered agent: (P. Frederick Jackson 9512 Sibbald Blvd. Jacksonville (City) agent's acceptance: med as registered agent and to accept ser is application, I hereby accept the appoint comply with the provisions of all statutes	O. Box NOT acceptable) , Florida 32208, Florida 6 (Zip Code) rvice of process for the above stated corporation as registered agent and agree to act its relative to the proper and complete perform	tion at the property that the property is a second to the property in this capa	city.
Name and street Name: Office Address: O. Registered Taving been navesignated in the street to the street of the	et address of Florida registered agent: (P. Frederick Jackson 9512 Sibbald Blvd. Jacksonville (City) agent's acceptance: med as registered agent and to accept ser is application, I hereby accept the appoin	O. Box NOT acceptable) , Florida 32208, Florida 6 (Zip Code) rvice of process for the above stated corporation as registered agent and agree to act its relative to the proper and complete perform	tion at the property that the property is a second to the property in this capa	city.
Name and streen Name: Mame: ffice Address: Registered faving been names ignated in the streen to	et address of Florida registered agent: (P. Frederick Jackson 9512 Sibbald Blvd. Jacksonville (City) agent's acceptance: med as registered agent and to accept ser is application, I hereby accept the appoint comply with the provisions of all statutes	O. Box NOT acceptable) , Florida 32208, Florida 6 (Zip Code) rvice of process for the above stated corporation as registered agent and agree to act its relative to the proper and complete perform	tion at the property that the property is a second to the property in this capa	city.
Name and streen Name: Mame: ffice Address: Registered faving been names ignated in the streen to	et address of Florida registered agent: (P. Frederick Jackson 9512 Sibbald Blvd. Jacksonville (City) agent's acceptance: med as registered agent and to accept ser is application, I hereby accept the appoint comply with the provisions of all statutes	O. Box NOT acceptable) , Florida 32208, Florida 6 (Zip Code) rvice of process for the above stated corporation as registered agent and agree to act its relative to the proper and complete perform	tion at the property that the property is a second to the property in this capa	city.

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: Address: B. OFFICERS President: Edward Simmons 4253 Fitzwilliam Street, Dublin, CA 94568 Vice President: N/A Address: Frederick Jackson Secretary: 9512 Sibbald Road, Jacksonville, FL 32208 Address: Alphonso Simmons Treasurer: 244 Encinitos Ave., San Diego, CA 92114 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Frederick Jackson, Board Secretary (Typed or printed name and capacity of person signing application)

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

RECOVERING FATHERS INC.

FILE NUMBER:

C2275420

FORMATION DATE:

12/13/2001

TYPE:

DOMESTIC NONPROFIT CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of August 16, 2014.

DEBRA BOWENSecretary of State

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