(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
. (Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
. ks	Office Use On	lv



400265497134

11/04/14--01007--019 **87.50

COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT: Found	dation for BBBSA	4		
	Name of Corporati	ion – must inc	lude suffix	
Dear Sir or Madam:				
Affairs in Florida", "Co	tion by Foreign Not for Profertificate of Existence", or "Cenced not for profit corporate	Certificate of	Status" and che	eck are submitted to
Please return all corres	pondence concerning this ma	atter to the fo	llowing:	
Tim	Midkiff			
	Name o	of Person		
Big	Brothers Big		of Ame	erica
	Firm/C	Company		
P.O	. Box 141599			
	Ad	dress		
Irvir	ng, TX 75014			
	City/State a	ınd Zip Code		
tim.i	midkiff@bbbs.	org		
	nail address: (to be used for	_	report notificat	tion)
For further information	concerning this matter, plea	ise call:		
Tim Midkiff	at (469	351-3161	
Name o	of Person	Area Code	& Daytime Tel	ephone Number
MAILING AD New Filing Sec Division of Co P.O. Box 6327 Tallahassee, FI	tion porations		New Filing Sec Division of Co Clifton Buildin	rporations ng e Center Circle
Enclosed is a check for	the following amount:			
□ \$70.00 Filing Fee	■\$78.75 Filing Fee & Certificate of Status	□\$78.75 Fi Certified	_	\$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	tion for BBBSA Corporation				
(Name of corno	oration: must include the word "INCORPORATE age as will clearly indicate that it is a corporation or "Co." may not be used as	D" or "CORPORATION" or words or abl n instead of a natural person or partnership a corporate suffix by a nonprofit corporati	breviation if not so on.)	s of lil contain	re ned
Foundatio	n for Big Brothers Big Sisters of ailable in Florida, enter alternate corporate name	America Corporation			
(If name unav	ailable in Florida, enter alternate corporate name	adopted for the purpose of transacting bus	siness in F	lorida)
2. PA	ntry under the law of which it is incorporated) 3.	23-2577179			
(State or cou					
4. <u>9/11/89</u>	Date of Incorporation) 5.	(Duration: Vear corp. will cease to exist	or "nerne	tual ^R l	_
	-	(Duration: Tear corp. will cease to exist	ioi peipe	nuai j	
6. 10/31/14	ucted affairs in Florida if prior to registration. See	sections 617 1501 & 617 1502 F.S. to deter	rmine nen	ilty lia	hility \
	_		mine poin	,	,, . ,
7. 430 E. J	ohn Carpenter Fwy, Suite 10	o, itving, IA 75002 ffice address)			_
450 5 1	•	•			
450 E. J	ohn Carpenter Fwy, Suite 10	U, Irving, IX /5062			_
	(Current ii	ianing address)			
. To supp	ort the mission of Big Brother	s Big Sisters of America	<u> </u>		
(Purpose(s) of	bit are innected of big breater		C		
(r arbone(p) or	corporation authorized in home state or country t	s Big Sisters of America o be carried out in the state of Florida)		W W	
					grammer dr
	corporation authorized in home state or country to eet address of Florida registered agent: (P.C.			型 - P	s com r
9. Name and <u>str</u>	eet address of Florida registered agent: (P.C			72	5 · · · · · · · · · · · · · · · · · · ·
9. Name and <u>str</u> Name:	eet address of Florida registered agent: (P.C		Edikser stat	72	Section 1
9. Name and <u>str</u> Name:	eet address of Florida registered agent: (P.C		LANASSITE TEORIDA		
9. Name and <u>str</u> Name:	eet address of Florida registered agent: (P.C.) Pam Iorio 4949 Bayshore Blvd.	o. Box <u>NOT</u> acceptable)	ENVASSIVE TLONIDA	72	graphic in the state of the sta
9. Name and <u>str</u> Name:	eet address of Florida registered agent: (P.C.) Pam Iorio 4949 Bayshore Blvd. Tampa	P. Box <u>NOT</u> acceptable) , Florida 33611	EMASSIE TLONDA	72	y some s
9. Name and <u>str</u> Name:	eet address of Florida registered agent: (P.C.) Pam Iorio 4949 Bayshore Blvd.		ENTASTIC TLONDA	72	y come of
9. Name and <u>str</u> Name: Office Address:	Pam Iorio 4949 Bayshore Blvd. Tampa (City) agent's acceptance:	P. Box NOT acceptable) , Florida 33611 (Zip Code)	TEL TIORIDA	PH 2: 39	y come in the state of the stat
9. Name and <u>str</u> Name: Office Address: 10. Registered <i>Having been na</i>	Pam Iorio 4949 Bayshore Blvd. Tampa (City) agent's acceptance: and as registered agent and to accept serv	P. Box NOT acceptable)	TE TE ORIDA	PH 2: 39	e place
9. Name and str Name: Office Address: 10. Registered Having been na designated in the	Pam Iorio 4949 Bayshore Blvd. Tampa (City) agent's acceptance:	e. Box <u>NOT</u> acceptable) , Florida 33611(Zip Code) ice of process for the above stated comment as registered agent and agree to relative to the proper and complete per	PORTON TO THE PROPERTY OF THE	PH 2: 30	acity.

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.

(Registered agent's signature)

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman:	
Address:	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
President: Raymond Newton	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Address: 501 Brightwaters Blvd. St. Petersburg, FL 33704	70 TX
	25 23
Vice President:	ত্ৰিলি ভ
Address:	
Secretary: Chris Owens	
Address: 333 Oak Pointe Lane, Southlake, TX 76092	
Treasurer:	
Address:	
NOTE IO	
NOTE: It necessary you may attach an addendum to the application listing additional of	ficers and/or directors.
13. Cignature of Chairman, Vice Chairman, or any officer listed in number 12 of	the application)
14. Chris Owens (Typed or printed name and capacity of person signing application)	on)
(1 yped of printed name and capacity of person signing applicant	шј

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

SEPTEMBER 25, 2014

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

FOUNDATION FOR BBBSA

is duly incorporated as a Pennsylvania Corporation under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT, This Subsistence Certificate shall not imply that all fees, taxes, and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Care ailee

Certification Number: 12133460-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp