15000/699

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		·
	Office Use Only	2143
	Office Use Only	· / I
	V	



200270657292

03/30/15--01043--003 **70.08

15 APR 17 PM 3: 50

APR 2 1 2015 **S. GILBERT**

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: A Friend of the Family Inc. Name of corporation - must include suffix	
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.	
Please return all correspondence concerning this matter to the following:	
Name of Person A Friend of the Family, Inc. Firm/Company	
Name of Person	
A Friend of the Family, Inc.	
Firm/Company	
P.O. Box 5051	
Address Wilnington, DE 19808-005/ City/State and Zip code DSpance a faired of the family. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Wilminton DF 19808-0051	
City/State and Zip code	
DSDance Co a friend of the family. com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Debbie Horn CPA at (302) 220-5002 Name of Person Area Code & Daytime Telephone Number	
Name of Telson And Code & Daytime Telephone Name	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
New Filing Section New Filing Section	
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, FL 32314	
Tallahassee, FL 32301	
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$\Bigcup \\$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certified Copy	



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 2, 2015

KIM L. ALLEN, ED. D. P.O. BOX 5051 WILMINGTON, DE 19808

SUBJECT: A FRIEND OF THE FAMILY, INC.

Ref. Number: W15000023163

Returning 15

We have received your document for A FRIEND OF THE FAMILY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 615A00006621

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. A Friend	of the Family Inc.		
(Enter name of co	of the Fanily, Inc. proporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"		
"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")	=	
			ਯ
		>≊	P
	ble in Florida, enter alternate corporate name adopted for the purpose of transacting busines	· · · · · · · · · · · · · · · · · · ·	idal =
2. DE	3. 51-0399730	<u>ř</u> ∺:	-
. .	y under the law of which it is incorporated) 3. 51-0399730 (FEI number, if applicable)		<u>ت</u> د
4. 6/28/20	of incorporation) 5. Persetual (Duration: Year corp. will cease to exist or '	9	<u></u>
(Date	of incorporation) (Duration: Year corp. will cease to exist or	pemens	al")🗢
6. <u>N/A</u>		•	
0	(Date first transacted business in Florida, if prior to registration)		
	CORP GEOMICAIC COS 1501 C COS 1500 E C . 1-1		
7. 2440	(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty hability) (Arina Drive, Jupiter FL 33418 (Principal office address)		<u></u> -
	(Printerpal office address)		
P.O. Box	5051 Wilminston DE 19808-0051		
	(Current mailing address) - Dlease use the Posto	Tree	DUX
	(Print/pal office address) 5051 Wilnington DE 19808-0051 (Current mailing address) - please use the Postal address for all mailing address of Florida registered agent: (P.O. Box NOT acceptable)	9S.	
8. Name and stree	t address of Florida registered agent: (P.O. Box NOT acceptable)	Than	Kyou
	CT Coporation		
Office Address:	1200 South Pine Island RD		
	Plantation , Florida 33324 (City) (Zip code)		
	(City) (Zip code)		
Registered age			
	ed as registered agent and to accept service of process for the above stated corpor application, I hereby accept the appointment as registered agent and agree to act		
	application, I hereby accept the appointment as registered agent and agree to act omply with the provisions of all statutes relative to the proper and complete perfo		
	amiliar with and accept the obligations of my position as registered agent.		J
	. 12		
_	Kim & all-		
	(Registered agent's signature)		

10. 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.

11. Names and business addresses of officers and/or directors:
A. DIRECTORS
Chairman: Kin L. Aller
Address: 1401 Penneylvania Ave Suite 1010
Wilmington DE 19806
Vice Chairman: William L. Allen
Address: 1401 Pensylvenia Ave, Site 1010
Wilmington DE 19808
Director:
Address:
Director:
Address:
B. OFFICERS
President: Kim L. Allen
Address: 1401 Pensylvania Ave, Suite 1010
Wilmington DE 19806
Vice President:
Address:
Secretary:
Address:
Treasurer: William L. Allen
Address: 1401 Pensylvenia Ave Site 1010 Wilmington DE 19806
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. Signature of Director or Officer
Signature of Director or Officer
The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes
a third degree felony as provided for in s.817.155, F.S.
13. King L Access, CEO (Typed or printed name and capacity of person signing application)
/- >1 L

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY THAT "A FRIEND OF THE FAMILY, INC."

IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND

IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE NOT

HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE RECORDS OF THIS

OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

THE FOLLOWING DOCUMENT HAS BEEN FILED:

CERTIFICATE OF INCORPORATION, FILED THE TWENTY-EIGHTH DAY OF JUNE, A.D. 2001, AT 9 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CERTIFICATE IS THE ONLY PAPER OF RECORD, THE CORPORATION IN

QUESTION NOT HAVING FILED AN AMENDMENT NOR HAVING MADE ANY

CHANGE WHATSOEVER IN THE ORIGINAL CERTIFICATE AS FILED.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

3408604 8315

150102463

Jeffrey W. Bullock, Secretary of State

AUTHENTY CATION: 2072593

DATE: 01-27-15