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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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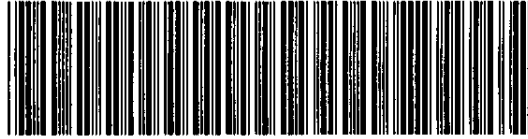
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Extended Hands Worldwide Ministries
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:

Cassandra Foster

Name of Person

Extended Hands Worldwide Ministries

Firm/Company

5275 Market Street suite 18

Address

San Diego, CA 92114

City/State and Zip Code

info@ehwm.org

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Cassandra Foster

Name of Person

at (619) 238-1830

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

**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 Worldwide Ministries Inc.**

(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.)

EHWM Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **California USA**

(State or country under the law of which it is incorporated)

3. **27-0912688**

(FEI number, if applicable)

4. **09/09/2009**

(Date of Incorporation)

5. **2027**

(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. **5275 Market Street Suite18 San Diego, CA 92114**

(Principal office address)

5275 Market Street Suite18 San Diego, CA 92114

(Current mailing address)

8. **To provide social service, training, events and fundraisings.**

(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: **Ceandra Baker**

Office Address: **3750 Silverbuff Blvd. #1908**

Jacksonville

(City)

, Florida

32065

(Zip Code)

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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.



(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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Cassandra Foster

Address: 5275 Market Street Suite 18 San Diego, CA 92114

Vice Chairman: _____

Address: _____

Director: Clinton Foster

Address: 5275 Market Street Suite 18 San Diego, CA 92114

Director: Felicia West

Address: 5275 Market Street Suite 18 San Diego, CA 92114

B. OFFICERS

President: Cassandra Foster

Address: 5275 Market Street Suite 18 San Diego, CA 92114

Vice President: _____

Address: _____

Secretary: Ericka Banks

Address: 5275 Market Street Suite 18 San Diego, CA 92114

Treasurer: Ceandra Baker

Address: 3750 Silverbuff Blvd. #1908 Jacksonville, FL 32065

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

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

14. Cassandra Foster

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

EXTENDED HANDS WORLDWIDE MINISTRIES

FILE NUMBER: C3252603
FORMATION DATE: 09/09/2009
TYPE: DOMESTIC NONPROFIT CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, 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 May 11, 2015.

ALEX PADILLA
Secretary of State

CLL