## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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(((H15000183855 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORP SERVICES INC

Account Number: I20120000007 : (702)866-2500

Phone Fax Number

: (702)866-2689

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

FOREIGN PROFIT/NONPROFIT CORPORATION

Hope Springs Educational Foundation, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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Corporate Filing Menu

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7/29/2015

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https://efile.sunbiz.org/scripts/efilcovr.exe

## **COVER LETTER**

TO:	O: Registration Section Division of Corporations				
SUBJ	Hope Spri	ngs Educational Foundation, In	c.		
3000	EC1:	Name of Corporati	on – must in	clude suffix	<del></del>
Dear S	ir or Madam:				
Affair	s in Florida", "C	tion by Foreign Not for Prof crtificate of Existence", or "C cenced not for profit corporat	Certificate of	f Status" and ch	neck are submitted to
Please	return all corres	pondence concerning this m	atter to the f	ollowing:	
		JoAr	ne Stefanov		
		Name o	of Person		
		Inco	rp Services, It	10	
	·	Firm/C	Company	<del></del>	
	2360 Corporate Circle				
	Suite 400				
	Address				
		Hendersor	, NV 89074		
	<del></del>	City/State a	ind Zip Code	;	<del></del>
		managedcomplian	се@іпсогр.со	m	
	E-1	nail address: (to be used for	future annua	report notifica	ation)
For fur	ther information	concerning this matter, plea	se call:		
JoAnn	e Stefanov on bel	alf of Incorp Services, Inc. at (	702	866-2500	
,	Name	of Person	Area Code	Daytime Tel	ephone Number
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		lection orporations ing ve Center Circle	
Enclose	ed is a check for	the following amount:			
\$70	.00 Filing Fee	□\$78.75 Filing Fee & Certificate of Status		Filing Fee & ed Copy	S87.50 Fiting 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:

		nate corporate name adopted for the purpose of transacting business	intrivita)
2. Michigan		t is incorporated)  (FEI number, if applicable)	
	ntry under the law of which		
4. 06/29/2015		S. Perpetual	
	Date of Incorporation)	(Date of duration, if other than perp	etuai)
6. Upon Registr			E IC FOIL N
(Date first cond	ucted atfairs in Florida if pri	r to registration. See sections 617.1501 & 617.1502, F.S. to determine	e penalty liability, )
7. 18983 Bayben	ry Way, Northville, MI 48		
		(Principal office address)	
18983 Bayben	y Way, Northville, MI 48	68	28
<u></u>		(Current mailing address, if different)	
			三 声 卫
R Providing edu	cational scholarships to fos	er care youth aging out of the system.	装計2厂
(Purpose(s) of	corporation authorized in h	er care youth aging out of the system.  me state or country to be carried out in the state of Florida)	
9. Name and str	eet address of Florida re	istered agent: (P.O. Box <u>NOT</u> acceptable)	
	Incorp Services, Inc.		S S
Name:			
Office Address:	17888 67th Court North		•
	Loxabatchee	, Florida 33470	
		y) (Zip Code)	

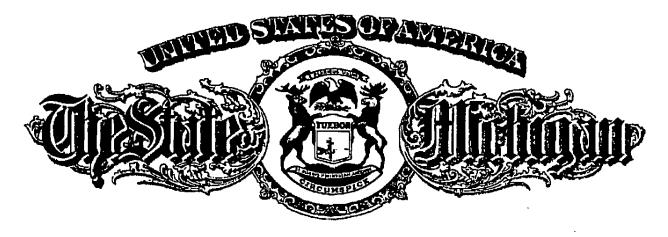
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

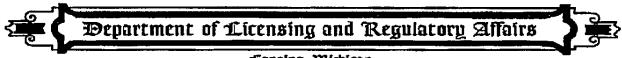
(Registered agent's signature)

JoAnne Stefanov on behalf of Incorp Services, Inc.

12.	Names	and	addresses	of	officers	and/or	directors
-----	-------	-----	-----------	----	----------	--------	-----------

Chairman: 1927 3rd Ave., Los Angeles, CA 90018	
Address:	
Vias Chairman	
Vice Chairman;	
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
President: Vanessa Hobson	
18983 Bayberry Way, Northville, MI 48168 Address:	- IIO
Vice President:	
Address:	
Ponnethous	
Secretary:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application  13. Signature of Chairman, Vice Chairman, or any officer lie	
Shamka Harris, Chairman	,
(Typed or printed name and capacity of persons)	son signing application)





Lansing, Michigan

This is to Certify That

## HOPE SPRINGS EDUCATIONAL FOUNDATION, INC.

was validly incorporated on June 29, 2015, as a Michigan nonprofit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1982 PA 162, as amended, to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to conduct affairs in Michigan and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.



In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 20th day of July, 2015.

Alan J. Schefke, Director Corporations, Securities & Commercial Licensing Bureau