

F15000003394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

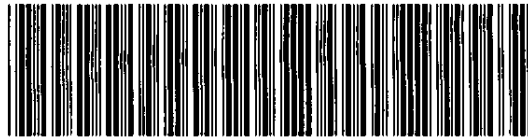
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Teri Todd **GAVE**  
**AUTHORIZATION BY PHONE TO**  
**CORRECT** Suffix and Address  
**DATE** 7/31/15 (Principal)  
**DOC. EXAM** YES

Office Use Only



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15 JUL -6 PM 5:06  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

AUG 03 2015

Y SULKER

~~W1500006356~~

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Home Instruction for Parents of Preschool Youngsters (HIPPY) U.S.A.

\_\_\_\_\_  
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:

Teri Todd

\_\_\_\_\_  
Name of Person

HIPPY USA

\_\_\_\_\_  
Firm/Company

P.O. Box 1034

\_\_\_\_\_  
Address

Little Rock, AR 72203-1034

\_\_\_\_\_  
City/State and Zip code

ttodd@hippyusa.org

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

For further information concerning this matter, please call:

Teri Todd

501 537-7728  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 9, 2015

TERI TODD  
PO BOX 1034  
LITTLE ROCK, AR 72203-1034 US

SUBJECT: HOME INSTRUCTION FOR PARENTS OF PRESCHOOL  
YOUNGSTER (HIPPY) USA  
Ref. Number: W15000046356

We have received your document for HOME INSTRUCTION FOR PARENTS OF PRESCHOOL YOUNGSTER (HIPPY) USA and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 015A00014386

**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.*

Home Instruction for Parents of Preschool Youngsters (HIPPY) U.S.A.

1. INC  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

HIPPY USA

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

2. Arkansas 3. 13-3672592  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
4. New York - 1991 / Arkansas - 2007 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)  
6. 6/26/2015

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. ~~P.O. Box 1034, Little Rock, AR 72203-1034~~ 1221 Bishop St, Little Rock, AR 72202  
(Principal office address)  
P.O. Box 1034, Little Rock, AR 72203-1034  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

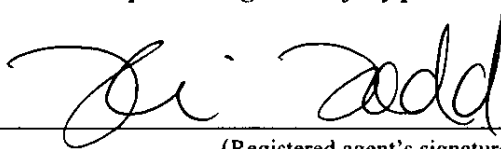
Name: Teri Todd c/o Barbara Samuel

Office Address: 6920 S.E. 36th Avenue

Ocala, Florida 34480  
(City) (Zip code)

**9. 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)

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.

DEPARTMENT OF STATE  
CLERK OF STATE  
JUL - 6 PM 5:06  
TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: Lia Lent, Executive Director

Address: P.O. Box 1034

Little Rock, AR 72203-1034

Director: Teri Todd, Director of Operations

Address: P.O. Box 1034

Little Rock, AR 72203-1034

**B. OFFICERS**

President: Linda Frank

Address: 154 Lombard Street #61

San Francisco, CA 94111

Vice President: Mary Beth Salomone Testa

Address: 3212 Holly Hill Drive

Falls Church, VA 22042

Secretary: Barbara Samuel

Address: 6920 S.E. 36th Avenue, Ocala, FL 34480

Treasurer: Victoria Kern

Address: P.O. Box 964, Poway, CA 92074

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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

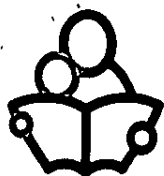
12.  \_\_\_\_\_

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. Teri Todd, Director of Operations

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



**HIPPYUSA®**

Home Instruction for Parents of Preschool Youngsters

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(June 2015)

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