

FL 5000007635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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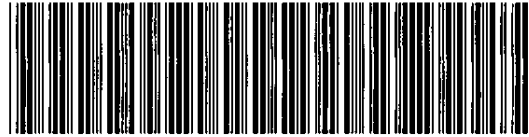
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/18/15--01017--006 **78.75

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TALLAHASSEE, FLORIDA

AUG 19 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RACHEL'S GIFT, INC.

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:

LORI BETH BLANEY

Name of Person

RACHEL'S GIFT, INC.

Firm/Company

922 HWY 81 EAST, PMB 153

Address

MCDONOUGH, GEORGIA 30252

City/State and Zip Code

shirley48@bellsouth.net

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

For further information concerning this matter, please call:

SHIRLEY RAINER

Name of Person

770

Area Code

957-6553

Daytime Telephone 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

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. RACHEL'S GIFT, 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.)

RACHEL'S GIFT

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

2. GEORGIA 3. 26-2467902
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. APRIL 18, 2008 5. _____
(Date of Incorporation) (Date of duration, if other than 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. 1605 S PALMWAY, LAKE WORTH, FLORIDA 33460
(Principal office address)

922 HWY 81 E, PMB 153, MCDONOUGH, GEORGIA 30252
(Current mailing address, if different)

8. Partnering with local hospitals to assist parents through the initial phase of infant loss; providing keepsakes of their infant
(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: TRACIE COPELAND

Office Address: 1605 S PALMWAY
LAKE WORTH, Florida 33460
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

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.

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

RACHEL'S GIFT, INC.

a Domestic Nonprofit Corporation

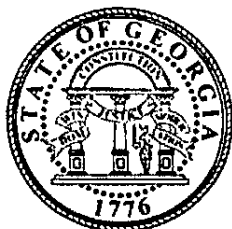
was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 12114448
Date Inc/Auth/Filed : 04/18/2008
Jurisdiction : Georgia
Print Date : 7/31/2015
Form Number : 211

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SECRETARY OF STATE
JAMES H. HASSLE, FLORIDA



B. P. Kemp

Brian P. Kemp
Secretary of State

12. Names and addresses of officers and/or directors

A. DIRECTORS

SEE ATTACHED LIST FOR DIRECTORS AND OFFICERS OF SAID CORPORATION

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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TALLAHASSEE, FLORIDA

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

13. Lori Beth Blaney
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Lori Beth Blaney President
(Typed or printed name and capacity of person signing application)

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

A. DIRECTORS

David Dodd
700 Woodland Drive
Griffin, Georgia 30224
CHAIRMAN

Mike Smith
1005 Highway 81 West
McDonough, Georgia 30253
DIRECTOR

Brent Boutwell
68 Joyner Drive
McDonough, Georgia 30252
VICE CHAIRMAN

Elesha Bateman
1303 Eddie Craig Court
McDonough, Georgia 30252
DIRECTOR

Omi Dobbins
248 Milam Drive
Ellenwood, Georgia 30294
DIRECTOR

Jessica Woodall
280 Burke Circle
McDonough, Georgia 30253
DIRECTOR

B. OFFICERS

Lori Beth Blaney
2014 Pheasant Run Drive
McDonough, Georgia 30252
PRESIDENT

Michelle Daniels
1312 Crosswind Place
McDonough, Georgia 30252
VICE PRESIDENT

Kim Banaski
3014 Beverly Court
McDonough, Georgia 30252
SECRETARY

Shirley Rainer
P. O. Box 1316, 260 Parker Drive
McDonough, Georgia 30253
TREASURER

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