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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Ви	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE

SEP 1 0 2015

3 MASON

COVER LETTER

TO:	Registration Se Division of C				
SHRI	IECT:	HP Childre	n's Founda	tion, Inc.	
SOD	ECI:	Name of Corpora	tion – must ir	clude suffix	
Dear S	Sir or Madam:				
Affair	s in Florida", "Co	tion by Foreign Not for Pro ertificate of Existence", or ' renced not for profit corpora	'Certificate o	f Status" and ch	eck are submitted to
Please	return all corres	pondence concerning this n	natter to the f	ollowing:	
		Andrea	Czarnecki		
	** ***** *****************************	Name	of Person		
			0		
			Company		
		14899 B:	arletta Way	,	
		A	ddress		
		Delray Beach			
		·	and Zip Code		
			4899@att.n		
	E-n	nail address: (to be used for	tuture annua	ii report notifica	ation)
For fu	rther information	concerning this matter, ple	ase call:		
	Peter l	B. Nagel	(303		296-4840
	Name	of Person	Area Code	Daytime Tel	ephone Number
	MAILING AD Registration Se	ection		Registration S	
	Division of Cor P.O. Box 6327	•		Division of Concentration Clifton Buildi	
	Tallahassee, FI				ve Center Circle
Enclos	sed is a check for	the following amount:			
\$ \$70	0.00 Filing Fee	☐\$78.75 Filing Fee & Certificate of Status		Filing Fee & ed 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:

import in languag	ation: must include the word "INCOF ge as will clearly indicate that it is a c esent. "Company" or "Co." may not be	corporation instead of a na	itural person or partn	ership if no	ot so con	tained
m the name at pr	escili. Company of Co. may not a	be used as a corporate sur	inx by a nonpront co	rporation.)		
(If name unavai	lable in Florida, enter alternate corpo	orate name adopted for the	purpose of transact	ing busines	s in Flor	ida)
	Oldohomo		2100571255			
(State or coun	Oklahoma try under the law of which it is incorp	oporated) 3	(FEI number, if appl	licable)		
(D	August 5, 1996 5. (Date of Incorporation)		te of duration, if other	er than perp	etual)	
	N/A has not conducted affairs in Florida if prior to registr	d affairs in Florida p	rior to registrat	ion		
(Date first condu	cted affairs in Florida if prior to registr	ration. See sections 617.15	01 & 617.1502, F.S.	to determine	e penalty	liability.)
	14899 Barletta W	ay, Delray Beach, Fl	orida 33446			
	(1	Principal office address)				
	(Curren	nt mailing address, if diffe	rent)			
	(Curren	nt mailing address, if diffe	rent)			
OW				d families	s	
Ow (Purpose(s) of c				d families		
(Purpose(s) of c		using for low-incomer country to be carried ou	e individuals and it in the state of Flori	d families	2015	
(Purpose(s) of c	vn and operate affordable hororporation authorized in home state o	using for low-incomer country to be carried ou	e individuals and it in the state of Flori	d families	2015 SEP	6.1
(Purpose(s) of c	orn and operate affordable hor orporation authorized in home state of et address of Florida registered ag	using for low-incomer country to be carried ou	e individuals and t in the state of Flori cceptable)	SECRETARY	2015	8.1
(Purpose(s) of control Name and streems Name:	vn and operate affordable hor orporation authorized in home state of et address of Florida registered ag Andrea Czarnecki	using for low-income or country to be carried ou gent: (P.O. Box <u>NOT</u> a	e individuals and t in the state of Flori cceptable)	SECRETARY (2015 SEP -9	
(Purpose(s) of control Name and streems Name:	orn and operate affordable horo corporation authorized in home state of et address of Florida registered ag Andrea Czarnecki 14899 Barletta Way	using for low-income or country to be carried ou gent: (P.O. Box <u>NOT</u> a	e individuals and t in the state of Flori cceptable)	SECRETARY OF da	2015 SEP -9	
(Purpose(s) of control Name and streems Name:	vn and operate affordable hor orporation authorized in home state of et address of Florida registered ag Andrea Czarnecki	using for low-income or country to be carried ou gent: (P.O. Box <u>NOT</u> a	e individuals and t in the state of Flori cceptable)	SECRETARY OF da	2015 SEP -9 P 3: 5	
(Purpose(s) of c Name and stre Name: _ ffice Address: _	orn and operate affordable hor orporation authorized in home state of et address of Florida registered ag Andrea Czarnecki 14899 Barletta Way Delray Beach (City)	using for low-income or country to be carried ou gent: (P.O. Box <u>NOT</u> a	e individuals and t in the state of Flori cceptable)	SECRETARY OF da	2015 SEP -9 P 3:	
Name and stre Name: Name: ffice Address: 0. Registered aving been name	et address of Florida registered ag Andrea Czarnecki 14899 Barletta Way Delray Beach (City) agent's acceptance: med as registered agent and to acceptance of the control of the contr	using for low-income or country to be carried out gent: (P.O. Box NOT a pent), Florida 3.	e individuals and it in the state of Floricceptable) 3446 (Zip Construction of the c	SECRETARY OF STATE COMPANY OF STATE COMP	2015 SEP - 9 P 3: 54 ration	t the plac
Name and stre Name: Name: ffice Address: O. Registered aving been names ignated in this street to	et address of Florida registered ag Andrea Czarnecki 14899 Barletta Way Delray Beach (City) agent's acceptance: med as registered agent and to accept the comply with the provisions of all	using for low-income or country to be carried out gent: (P.O. Box NOT a pent: , Florida 3: ccept service of processes appointment as regist statutes relative to the	e individuals and it in the state of Flori cceptable) 3446 (Zip Control of the above state tered agent and agent and agent and agent and comp	SECRETARY OF STATE Code Date to act	2015 SEP - 9 P 3: 54 ration this	t the plac capacity
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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:	Andrea Czarnecki	
Address:	14899 Barletta Way, Delray Beach, Florida 33446	
		
Vice Chairma	an:	
Address:		
Director:		
Address:		
 Director:		•••
		#紹 ■
Address		XRET SEP
B. OFFIC	ERS	RY 0 R
President:	Andrea Czarnecki	FSS P
Address:	14899 Barletta Way, Delray Beach, Florida 33446	ATE PRIDA
		for a second
Vice Presider	nt:	
Address:		
Secretary:	Andrea Czarnecki	
Address:	14899 Barletta Way, Delray Beach, Florida 33446	
Treasurer:	Andrea Czarnecki	
Address:	14899 Barletta Way, Delray Beach, Florida 33446	
12	secessary, you may attach an addendum to the application listing addit Signature of Chairman, Vice Chairman, or any officer listed in numbe	
	a Czarnecki, Chairperson	
	(Typed or printed name and capacity of person signing ar	oplication)

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING DOMESTIC NOT FOR PROFIT CORPORATION

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that HP CHILDREN'S FOUNDATION, INC. whose registered agent is <u>DOCUMENT RETRIEVAL SERVICE INC.</u>, with its registered office at <u>613 SW 112TH ST OKLAHOMA CITY 73170 USA</u> Oklahoma is a <u>Domestic Not For Profit Corporation</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 4th, day of September, 2015.

Secretary Of State