Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H160000030243)))



H1600000030243ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: STONE AND GERKEN, P.A.

Account Number : I20090000097

Phone

Fax Number

: (352)357-0330 : (352)357-2474

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

Calabar Foundation, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

on our form WIL -00000 must

Electronic Filing Menu

Corporate Filing Menu

Help





January 6, 2016

FLORIDA DEPARTMENT OF STATE Division of Corporations

STONE AND GERKEN, P.A. VIA FAX

SUBJECT: CALARAR FOUNDATION, INC.

REF: W16000000585

We have received your document for CALABAR FOUNDATION, INC. and the authorization to debit your account in the amount of \$78.75. However, the document has not been filed and is being returned for the following:

According to section 607.1503, Florida Statutes, the application for Certificate of Authority must be made on the forms prescribed and furnished by the Department of State. Therefore, your application is being returned and the correct form is enclosed.

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.

Stacey WoMason Regulatory Specialist II FAX Aud. #: H16000003024 Letter Number: 816A00000271

TE CEIVE TE JAN -6 PH L SECNETARY OF STALLAHASSEE. FL

COVER LETTER

TO:	Registration Section Division of Corporations			
erma	Calabar Foundation, Inc.			
SUBJ	Name of Corporation – must include suffix			
Dear S	Sir or Madam:			
Affair:	nclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to er the above referenced not for profit corporation to conduct its affairs in Florida.			
Please	return all correspondence concerning this matter to the following:			
	Cindi Kennedy			
	Name of Person			
	Stone & Gerken, P.A.			
	Firm/Company			
	4850 N, Highway 19A			
	Address			
	Mount Dora, PL 32757			
	City/State and Zip Code			
	Alexandriap@calabarfoundation.org			
	E-mail address: (to be used for future annual report notification)			
For fü	rther information concerning this matter, please call:			
Cindi	Kennedy 352 357-0330 at (
-	Name of Person Area Code Daytime Telephone Number			
	MAILING ADDRESS: STREET/COURTER ADDRESS: Registration Section Registration Section			
	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building			
Tallahassee, FL 32314 Cinton Building 2661 Executive Center Circle Tallahassee, FL 32301				
Enclos	sed is a check for the following amount:			
二 \$7	0.00 Filing Fee			

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:

. Calabar Found	lation Fno		
	ation: must include the word "INCORPORATED" or "CORPORATION" or words or al	obreviations of like	_
import in lanéus	ge as will clearly indicate that it is a corporation instead of a natural person or partnershi	p if not so contain	ed
in the name at p	esent. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corpora	uon.)	
<u> </u>	7.11 . 70 . 11	in in Ylanida)	
(II name imava	ilable in Florida, enter alternate corporate name adopted for the purpose of transacting b	isiness in Florida)	
Delaware	3, 4217829		
	try under the law of which it is incorporated) (FEI number, if applicable	e)	_
4. 9/11/2006	S		
<u>(t</u>	eate of Incorporation) (Date of duration, if other that	a perpetual)	_
Affairs will co	ammence upon authorization by the State of Florida		
(Date first cond	acted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to det	ermine penalty liab	īltīy.)
411 N. Donnel	ly Street, Suite 313, Mount Dora, FL 32757		
/·	(Principal office address)		_
411 N. D	hu Change Chita 212 Manus Care Fl 72757	至 20	
411 N. Donnei	ly Street, Suite 313, Mount Dora, FL 32757 (Current mailing address, if different)		
	(Outrost maning abouton, 2 distriction)	A P	
Charitable ann	poses limited to those set forth at Section 617.030, Florida Statutes		Part and
8. (Purpose(s) of	orporation authorized in home state or country to be carried out in the state of Florida)	100	
(I suposo(s) of	or pot tailou distribution for results seems of positive on the size of the seems o		(manag)
9. Name and <u>str</u>	eet address of Florida registered agent: (P.O. Box NOT acceptable)	5	
Name:	Alexandria Pauluhn	_ \$500 P	
Office Address:	411 N. Donnelly Street, Suite 313		
	Mount Dora , Florida 32757 (Zip Code)	-	
	(City) (Zip Code)	_	
10. Registered	agent's acceptance: med as registered agent and to accept service of process for the above stated c	ornoration at th	e place
designated in th	is application. I hereby accept the appointment as registered agent and agree	to act in this cap	racity, I
further agree to duties and I an	comply with the provisions of all statutes relative to the proper and complete a familiar with and accept the obligations of my position as registered agent.	perjormance oj .	my
WALLEST 1817 18 1817			
	the author		
	(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, DIF	RECTORS	
Chairma	n:	,
Address	·	
Vice Ch	alrman:	
Address	·	
Dinast	Andrew Summers	
Director: Address:	26601 Bella Vista Drive	
	Howey-in-the-Hills, FL 34737	
Director	Benjamin Pauluhn	
Address:	26609 Bella Vista Drive	
	Howey-in-the-Hills, FL 34737	
B. OF	FICERS	•
Presiden	Andrew Summers	
Address:	26601 Bella Vista Drive	TA 22
	Howey-in-the-Hills, FL 34737	7.55 E
Vice Pro	Benjamin Pauluhn	AS A
Address:	26609 Bella Vista Drive	A CONTRACTOR
	Howey-in-the-Hills, FL 34737	
Secretar	Alexandria Pauluhn	77 I 2
Address	411 North Donnelly Street, Suite 313, Mount Dora, FL 32757	
Treasure	म	
Address	·	
NOTE:	If necessary, you may attach an addendum to the application listing additional (Signature of Chairman, Vice Chairman, or any officer listed in number 12	
14	exandria Pauluhn, Secretary	
	(Typed or printed name and capacity of person signing applications)	ation)

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CALABAR FOUNDATION" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF DECEMBER, A.D.

2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

4217829 8300C SR# 20151585146

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 10713211

Date: 12-31-15

H16000003024