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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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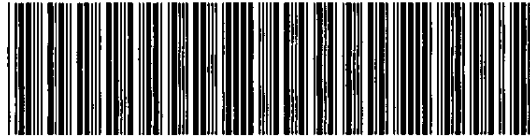
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: **Hearts & Hands Disaster Recovery**

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:

Falon Alo

Name of Person

Firm/Company

3713 Maidenain Street

Address

Clermont, FL 34714

City/State and Zip Code

info@heartsandhandsrecovery.org

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

For further information concerning this matter, please call:

Falon Alo

Name of Person

at (**732**) **996-4818**

Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing 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. **Hearts & Hands Disaster Recovery 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.)

HHDR Inc.

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

2. **New Jersey**

(State or country under the law of which it is incorporated)

3. **46-3939440**

(FEI number, if applicable)

4. **August 12, 2013**

(Date of Incorporation)

5. **Perpetual**

(Duration: Year corp. will cease to exist or "perpetual")

6. **N/A**

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. **3713 Maidencain Street, Clermont, FL 34714**

(Principal office address)

3713 Maidencain Street, Clermont, FL 34714

(Current mailing address)

8. To provide free disaster recovery related services to residents impacted by natural or man made, nationally declared disasters.

(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: **Falon Alo**

Office Address: **3713 Maidencain St.**

Clermont

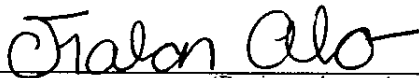
(City)

Florida **34714**

(Zip Code)

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.

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12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: **Falon Alo**

Address: **3713 Maidenlain Street, Clermont, FL 34714**

Director: _____

Address: _____

B. OFFICERS

President: **Charles Gates**

Address: **7 Nottigham Drive, Bricktownship, New Jersey 08724**

Vice President: **Michael Arnold**

Address: **34 Sherwood Drive**

Eatontown, New Jersey 07724

Secretary: **Danielle DeCarolis**

Address: **38 Majestic Avenue, Tinton Falls, New Jersey 07738**

Treasurer: **Meridith Herwig**

Address: **47 Peters Place, Red Bank, New Jersey 07701**

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

13. *Falon Alo*
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. **Falon Alo, Executive Director**
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

HEARTS & HANDS DISASTER RECOVERY A NJ NONPROFIT CORPORATION

0400593832

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Non Profit Corporation was registered by this office on August 12, 2013.

As of the date of this certificate, said business continues as an active business in the State of New Jersey. Annual Reports are outstanding for the following year(s):

2015

I further certify that the registered agent and registered office are:

*Vincent Alo
15 Culver Court
Old Bridge, NJ 08857*



Certification# 137914232

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this
28th day of December, 2015*

*Ford M. Scudder
Acting State Treasurer*

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp