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(Requestor's Name)

(Address)

(Address)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kristine Socall, PA
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:

Kristine Socall

Name of Person

Kristine Socall, PA

Firm/Company

2549 69th Ave South

Address

St Petersburg, FL 33712

City/State and Zip Code

kristine@gifteddreamers.org

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

For further information concerning this matter, please call:

Kristine Socall

at (630)

660-9222

Name of Person

Area Code

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

paid online

☐ \$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:**

Kristine Socall, PA

1. _____
(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.)

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

2. Illinois 3. 45-2128854
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 9, 2011 5. Perpetual
(Date of Incorporation) (Date of duration, if other than perpetual)

6. December 30, 2015
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 2549 69th Ave South, St Petersburg, FL 33712
(Principal office address)

(Current mailing address, if different)

8. Community and Economic Development; Asset poverty alleviation programs
(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: Kristine Socall
Office Address: 2549 69th Ave South
St Petersburg 33712
(City) Florida (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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16 FEB -8 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Kristine Socal

Chairman:

2549 69th Ave South

Address:

St Petersburg, FL 33712

Erika Pagel

Vice Chairman:

22487 SW Melssinger Pl

Address:

Sherwood, OR 97140

Steve Kudwa

Director:

801 Kansas St

Address:

Carol Stream, IL 60188

Director:

Address:

B. OFFICERS

Kristine Socal

President:

2549 69th Ave South

Address:

St Petersburg, FL 3712

Erika Pagel

Vice President:

22487 SW Melssinger Pl

Address:

Sherwood, OR 97140

Secretary:

Address:

Steve Kudwa

Treasurer:

801 Kansas St, Carol Stream, IL 60188

Address:

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

13. Kristine socal 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Kristine Socal, Executive Director

14.

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

File Number

6793-634-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

GIFTED DREAMERS, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MAY 09, 2011, ADOPTED THE ASSUMED NAME KRISTINE SOCALL, PA ON DECEMBER 30, 2015, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 10TH day of FEBRUARY A.D. 2016 .

Jesse White

SECRETARY OF STATE