# F16000000701

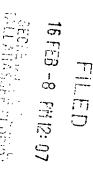
(Requestor's Name	)			
(Address)				
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PICK-UP WAIT	MAIL.			
(Business Entity Na	ıme)			
(Dusiness Littly No	ano,			
(Document Number)				
Certified Copies Certificate	es of Status			
Special Instructions to Filing Officer:				
FEB - 172016				
A. DUNLAP				
A. DUNLAP				

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#### **COVER LETTER**

Division of	Section Corporations		
SUBJECT: Kristine			
SUBJECT:	Name of Corporat	on - must include suffix	
Dear Sir or Madam:			
Affairs in Florida", "(	cation by Foreign Not for Prof Certificate of Existence <sup>8</sup> , or "G erenced not for profit corporal	Certificate of Status" and ch	eck are submitted to
Please return all corre	espondence concerning this m	atter to the following:	
Kristir	ne Socali		
	Name o	of Person	
Kristir	ne Socali, PA		
	Firm/C	Company	
2549 6	59th Ave South		
			<del></del>
	Ad	dress	
St Pete	ersburg, FL 33712		
<del></del>	City/State a	and Zip Code	
kristine	e@gifteddreamers.org		
E	-mail address: (to be used for	future annual report notifica	tion)
For further information	on concerning this matter, plea	ise call:	
Kristine Socall		630 660-9222	
	at (		ephone Number
		•	•
MAILING A Registration S		STREET/CO Registration S	URIER ADDRESS:
Division of Co	orporations	Division of C	orporations
P.O. Box 6327 Tallahassee, F		Clifton Buildi	ing ve Center Circle
i ananassee, r	L 32314	Tallahassee, i	
Enclosed is a check for	r the following amount:		
\$\$70.00 Filing Fee paid or line	Certificate of Status	☐\$78.75 Filing Fee & Certified Copy	S87.50 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:

		corporate name adopted for the purpose of transacting	business in Florida)	
inois		45-2128854 3.		
	intry under the law of which it is in Date of Incorporation)	The state of the s	Perpetual	
ecember 30	), 2015		· ·,	
		egistration. See sections 617,1501 & 617,1502, F.S. to d	letermine penalty liabi	
49 69th Av	e South, St Petersburg, FL 33712			
		(Principal office address)		
	(C)	urrent mailing address, if different)		
			•	
	and Parameter Described a construction		₹00 <b>±</b>	
ommunity a	nd Economic Development; Asset	poverty alleviation programs	FALL SEC	
ommunity a urpose(s) of	and Economic Development; Asset corporation authorized in home st	poverty alleviation programs sate or country to be carried out in the state of Florida)	, T	
urpose(s) of	corporation authorized in home st	nate or country to be carried out in the state of Florida)		
urpose(s) of	corporation authorized in home st	poverty alleviation programs late or country to be carried out in the state of Florida) ed agent: (P.O. Box <u>NOT</u> acceptable)	EOLEGE -8	
urpose(s) of	corporation authorized in home st	ate or country to be carried out in the state of Florida) ed agent: (P.O. Box <u>NOT</u> acceptable)	FEB -8 PM	
urpose(s) of ame and <u>si</u> Name:	reet address of Florida registers  Kristine Socall	nate or country to be carried out in the state of Florida)	FEB -8 PM	
urpose(s) of sme and <u>st</u>	reet address of Florida registers  Kristine Socall	ate or country to be carried out in the state of Florida) ed agent: (P.O. Box <u>NOT</u> acceptable)	FEB -8 1	

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					
Kristine Socali Chairman:				•	
2549 69th Ave South					
St Petersburg, FL 33712					
Erika Pagel		<del></del>	<del></del>		
ice Chairman: 22487 SW Meissinger PI					
Sherwood, OR 97140		·			
					٠,
Steve Kudwa		· ·			
801 Kansas St ddress:			······		
Carol Stream, IL 60188					
irector:		·			-
ddress:					
Kristine Socall resident: 2549 69th Ave South				<u> </u>	
St Petersburg, FL 3712		<del> </del>			
Erika Pagel	<u> </u>				
ice President:					<del></del>
ddress: Sherwood, OR 97140					
ecretary:				,	
					···
Steve Kudwa easurer:					
801 Kansas St, Carol Streaddress:					
OTE: If necessary, you may attac	h an addendum to th				•
(Signature of Chairman, Kristine Socall, Executive Direct		any officer listed in n	umber 12 of the	application)	
(Typed or n	rinted name and ca	pacity of person sign	ing application)		



### 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.

Authentication #: 1604102206 verdisble until 02/10/2017
Authenticate at 18tp://www.cyberdinveilinois.com

esse White

SECRETARY OF STATE