

F16000000949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2016 FEB 29 P 5:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

02-29-2016

TO: Registration Section
Division of Corporations

SUBJECT: AND YOU GAVE ME FOOD
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:

FRANCISCO F. DE LEON

Name of Person

AND YOU GAVE ME FOOD

Firm/Company

1724 SE 12TH STREET

Address

CAPE CORAL, FL 33990

City/State and Zip Code

FFDELEON@AOL.COM

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

For further information concerning this matter, please call:

FRANCISCO F. DE LEON

Name of Person

at (847)

Area Code

422-3400

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 ☒ \$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. AND YOU GAVE ME FOOD, 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.)

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

2. ILLINOIS 3. 36-4392830
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 09-19-2000 5. _____
(Date of Incorporation) (Date of duration, if other than 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. 1724 SE 12TH STREET, CAPE CORAL, FL 33990
(Principal office address)

(Current mailing address, if different)

8. TO RAISE FUNDS TO HELP FEED THE HUNGRY
(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: FRANCISCO F. DE LEON

Office Address: 1724 SE 12TH STREET

CAPE CORAL, Florida 33990
(City) (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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2016 FEB 29 P 5:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: FRANCISCO F. DE LEON

Address: 1724 SE 12TH STREET
CAPE CORAL, FL 33990

Vice Chairman: MERCEDES P. DE LEON

Address: 1724 SE 12TH STREET
CAPE CORAL, FL 33990

Director: REGINA P. GOMEZ

Address: 1696 N. WINDSOR DRIVE
ARLINGTON HEIGHTS, IL 60004

Director: MERCROSA CARNATE

Address: 6331 N. ODELL
CHICAGO, IL 60631

B. OFFICERS

President: FRANCISCO F. DE LEON

Address: 1724 SE 12TH STREET
CAPE CORAL, FL 33990

Vice President: _____

Address: _____

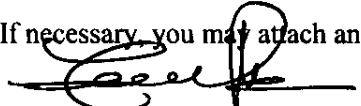
Secretary: MERCEDES P. DE LEON

Address: 1724 SE 12TH ST., CAPE CORAL, FL 33990

Treasurer: MERCEDES P. DE LEON

Address: 1724 SE 12TH ST., CAPE CORAL, FL 33990

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

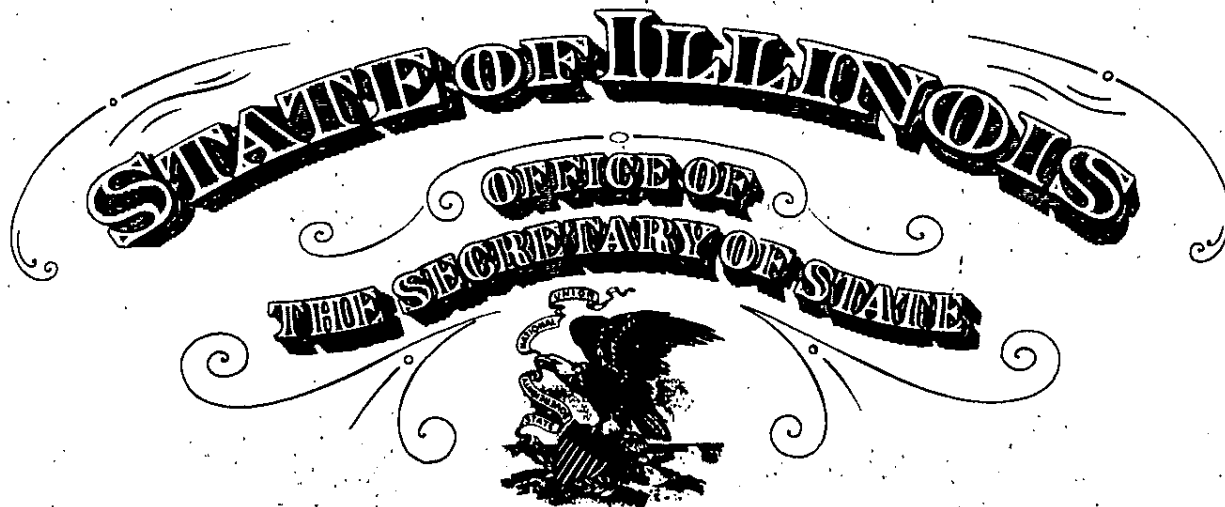
13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. FRANCISCO F. DE LEON, CHAIRMAN, PRESIDENT
(Typed or printed name and capacity of person signing application)

FILED
2018 FEB 29 P 5 32
CLERK OF STATE
TALLAHASSEE FLORIDA

File Number

6125-616-4



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

AND YOU GAVE ME FOOD, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON SEPTEMBER 19, 2000, 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 1ST day of FEBRUARY A.D. 2016 .

Jesse White

SECRETARY OF STATE

Authentication #: 1603201544 verifiable until 02/01/2017

Authenticate at: <http://www.cyberdriveillinois.com>