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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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16 MAR -7 AM 9:25

**FOREIGN PROFIT/NONPROFIT CORPORATION
SAFE COALITION FOR HUMAN RIGHTS (SAFECHR) INC**

Certificate of Status	0
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Page Count	05
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DEPT. OF STATE
TALLAHASSEE, FLORIDA

MAR 08 2016

S. YOUNG

**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. SAFE COALITION FOR HUMAN RIGHTS (SAFECHR) 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. N/A
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. MARCH 5, 2014 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 03/07/2016
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 4851 TAMIAMI TRAIL NORTH, SUITE 249, NAPLES, FL 34103
(Principal office address)

9335 CALUMET AVE, SUITE D, MUNSTER, IN 46321
(Current mailing address, if different)

8. HEAL VICTIMS OF TRAUMA AND VIOLATIONS OF HUMAN RIGHTS AND PROMOTE ADVOCACY.
(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: NORTHWEST REGISTERED AGENT LLC

Office Address: 3030 N. ROCKY POINT DRIVE, SUITE 150A
TAMPA, Florida 33607
(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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12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: DR CHRIS STOUT

Address: GLOBAL CENER INIATIVES, 120 S LASALLE ST, CHICAGO, IL 60602

Director: MS. IRENE CLEMENTS

Address: NATIONAL FOSTER PARENT ASSOCIATION, 1102 PRAIRIE RIDGE TRAIL, PFLUGERVILLE, TX 78660

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: JUDGE LORENZO
Address: ARREDONDO JUSTICE COURT, 3711 MAIN ST, EAST CHICAGO, IL 46312

Vice Chairman: MERRILEE FREY, RN
Address: 2900 WEST 93RD AVENUE, CROWN POINT, IN 46307

Director: REBECCA TRUXALL
Address: GLOBAL RECUE RELIEF, PO BOX 60288, WASHINGTON, DC 20039

Director: PETER DIMARZIO
Address: DEP OF HOMELAND SECURITY, 408 ATLANTIC AVE, BOSTON, MA 02110

B. OFFICERS

President: DR KALYANI GOPAL
Address: 30 N MICHIGAN AVE, CHICAGO, IL 60609

Vice President:
Address:

Secretary: DR JANICE C HODGE
Address: 1535 E 53RD ST, CHICAGO, IL 60615

Treasurer: DR KALYANI GOPAL
Address: 30 N MICHIGAN AVE, CHICAGO, IL 60609

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

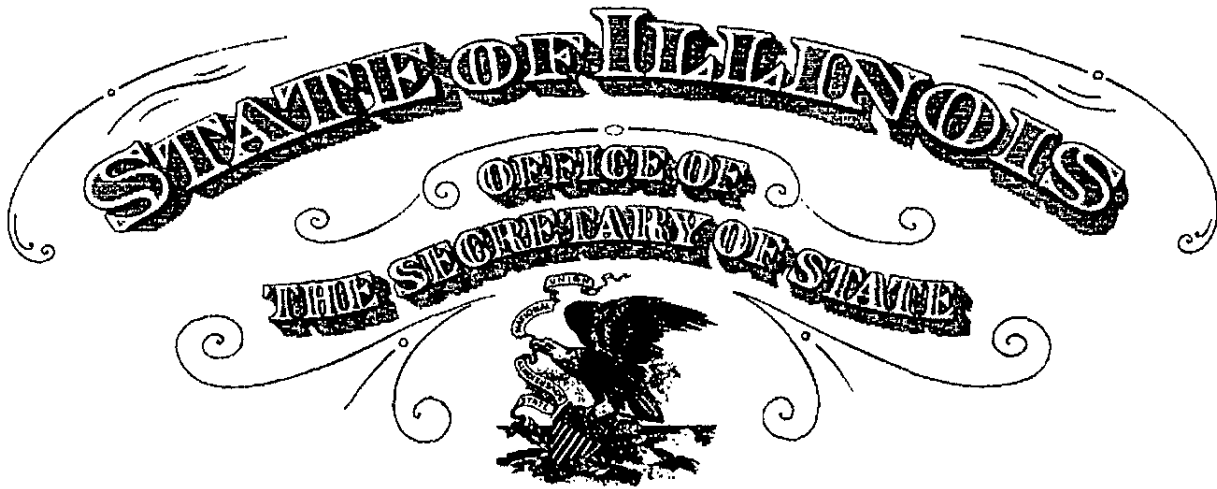
13. K. Gopal
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DR KALYANI GOPAL, PRESIDENT
(Typed or printed name and capacity of person signing application)

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6931-959-9



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

SAFE COALITION FOR HUMAN RIGHTS (SAFECHR), A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 05, 2014, 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.

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In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 4TH
day of MARCH A.D. 2016 .

Jesse White

SECRETARY OF STATE