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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

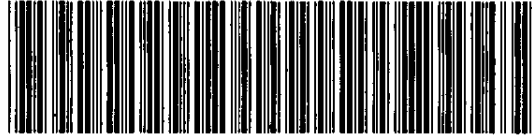
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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04/11/16--01037--001 **70.00

RECEIVED
16 APR 28 AM 7:58
SECRETARY OF STATE
FALL ARASSISTANT, LONDON

APR 29 2016

J SHIVERS

6229
590 (201.23)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2016

BARBARA FIELDS
2048 NE 20TH TERR
CAPE CORAL, FL 33909

SUBJECT: GREYHOUND HOPE REHABILITATION AND ADOPTION, INC.
Ref. Number: W16000027528

We have received your document for GREYHOUND HOPE REHABILITATION AND ADOPTION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$561.25. - 2011

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 016A00007659

Florida Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

2016 APR 28 PM 1:18
TALLAHASSEE, FLORIDA

4/24/2014

Dear Justin,

After speaking with an attorney in regards to Letter number 016A00007659 regarding a penalty for not filing a 2015 annual report with the state of Florida I've been advised that Greyhound Hope Rehabilitation and Adoption did not do business in the state of Florida until we had our first greyhound adoption in Florida which occurred on April 4th, 2016.

A little background on Greyhound Hope Rehab and Adoption in Florida.

Greyhound Hope Rehabilitation and Adoption takes in racing greyhounds that have broken their leg while racing. We have surgery done to repair their legs, we foster them through their rehab and eventually adopt them into qualified homes. Typically greyhounds are in foster care for at least 3 months and typically much longer. Many people are not interested in adopting a greyhound with a prior injury even though we have had their leg repaired by the top orthopedic surgeon in the area, so our greyhounds are in our foster care for a long time until the right home comes along for them.

I moved to Florida in August of 2015. I was still settling into my new home when I received a call from a trainer at the Palm Beach Greyhound Track asking if I could take a racing greyhound with a broken leg named Andrew. Andrew had surgery to repair his leg and I fostered him through his rehab for his broken leg.

Andrew was the first greyhound we took in since the move to Florida. We also took in broken leg greyhounds named Doug and Dillon after Andrew. All had surgery to repair their broken legs and all went through rehab with GHRA. Andrew's adoption took place on 4/4/2016. Doug's adoption took place on 4/15/2016 and Dillon's adoption date was 4/22/2016.

I've included copies of the adoption contracts for all 3 of the greyhounds in case you would like to contact their adoptive homes to verify the dates of adoption. (I adopted Dillon)

I've submitted a corrected form to register with the Florida Division of Corporations to reflect the correct date we started to do business in the state of Florida. This corrected form and explanation should negate any civil penalties for GHRA.

Please contact me at: 614-216-8780 if you have any questions.

Thanks and have a greyt day!

Bail Fields

16 APR 28 AM 7:28
SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/11/2015 BY 60322

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Greyhound Hope Rehabilitation and Adoption, Inc.

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:

Barbara L. Fields

Name of Person

Greyhound Hope Rehabilitation and Adoption, Inc.

Firm/Company

c/o Statutory Agent

2048 NE 20th Terrace

Address

Cape Coral, FL 33909

City/State and Zip Code

greyhound.hope.rehab@gmail.com

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

For further information concerning this matter, please call:

Barbara Fields

at (614)

Name of Person Area Code

216-8780

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:**

Greyhound Hope Rehabilitation and Adoption, Inc.

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. Ohio 3. 47-1885958
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9/22/2014 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)
6. 4/4/2016
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 281 Blanchard Drive, Defiance, OH 43512
(Principal office address)

2048 NE 20th Terrace Cape Coral, FL 33909

(Current mailing address, if different)

- We take in x racing greyhounds that have sustained a broken leg while racing we have legs repaired & find adoptive
8. homes
(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: Barbara L. Fields
Office Address: 2048 NE 20th Terrace
Cape Coral, Florida FL 33909
(City) (Zip Code)

FILED
16 APR 28 AM 7:30
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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.

Barbara L. Fields
(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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Board member: Nan Weakley

Director: _____

112 Cleveland Ave

Address: _____

Defiance, OH 43512

Board member: Josie Dowler

Director: _____

1456 Deerwood Court

Address: _____

Defiance, OH 43512

B. OFFICERS

Barbara L Fields

President: _____

2048 NE 20th Terrace

Address: _____

Cape Coral, FL 33909

Randy Giesige

Vice President: _____

281 Blanchard Dr.

Address: _____

Defiance, OH 43512

Barbara Fields

Secretary: _____

2048 NE 20th Terrace Cape Coral, FL 33909

Address: _____

Randy Giesige

Treasurer: _____

281 Blanchard Drive Defiance, OH 43512

Address: _____

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

13. Barbara L Fields

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

Barbara L Fields

14. _____

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

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16 APR 28 AM 7:30
TOLSON
FBI
U.S. DEPT. OF JUSTICE

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show GREYHOUND HOPE REHABILITATION AND ADOPTION, INC., an Ohio not for profit corporation, Charter No. 2326171, having its principal location in Defiance, County of Defiance, was incorporated on September 11, 2014 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 6th day of April, A.D. 2016.*

Jon Husted

Ohio Secretary of State

Validation Number: 201609701540