

F16000002303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

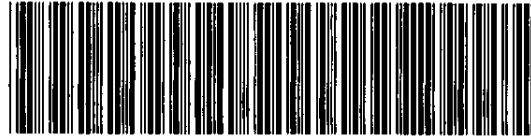
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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04/26/16--01019--002 **70.00

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16 MAY 19 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 20 2016

Y SULKER

W16-22729



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2016

CLARENCE BROOKINS

3530 RODRICK CIRCLE
ORLANDO, FL 32824

SUBJECT: WATCH MY HOOD INC NFP
Ref. Number: W16000032739

We have received your document for WATCH MY HOOD INC NFP and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 616A00009319

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WATCH MY HOOD INC NFP
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:

CLARENCE BROOKINS

Name of Person

WATCH MY HOOD INC. NFP

Firm/Company

3530 RODRICK CIRCLE

Address

ORLANDO FL 32824

City/State and Zip Code

CLARENCEBROOKINS4@GMAIL.COM

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

For further information concerning this matter, please call:

CLARENCE BROOKINS

Name of Person

at (773)

Area Code

895 - 0547

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. WATCH MY HODD INC NFP

(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. 46-2953374
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7-18-2013 5. PERPETUAL
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 3530 RODRICK CIRCLE, ORLANDO FL 32824
(Principal office address)

(Current mailing address, if different)

8. ANY PURPOSE PERMITTED TO BE EXEMPT FROM TAXATION UNDER SEC 501(C) OR (D) OF U.S. INTERNAL REVENUE CODE.
(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: CLARENCE BROOKINS

Office Address: 3530 RODRICK CIRCLE

ORLANDO

(City)

, Florida

32824

(Zip Code)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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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.

Clarence Brooks

(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: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: CLARENCE BROOKINS

Address: 3530 Rodrick Circle
Orlando FL 32824

Vice President: TERESIA BROOKINS

Address: 3530 Rodrick Circle
Orlando FL 32824

Secretary: NICHELLE THOMAS

Address: 12640 S. UNION, CHICAGO IL 60628

Treasurer: STEPHANIE HEARON

Address: 3157 S. LACINE APT 1F, CHICAGO IL 60608

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

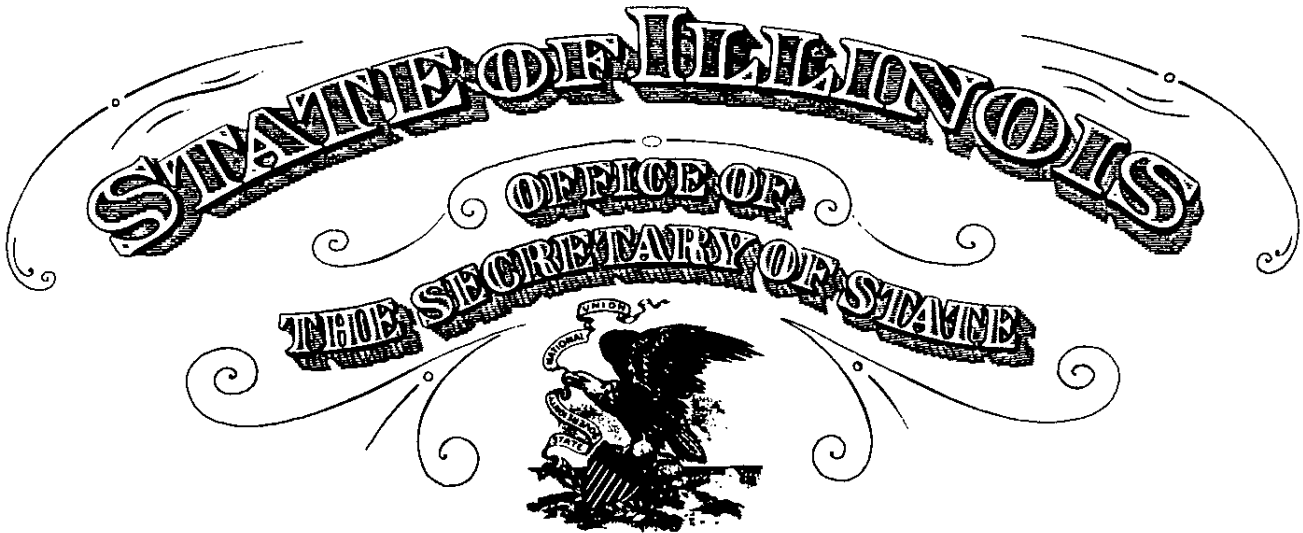
13. Clarence Brookins
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. CLARENCE BROOKINS - PRESIDENT
(Typed or printed name and capacity of person signing application)

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16 MAY 19 PM 12:31
TALLAHASSEE, FLORIDA

File Number

6903-244-3



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

WATCH MY HOOD INC. NFP, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 18, 2013, 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 15TH
day of MARCH A.D. 2016 .***

Jesse White

SECRETARY OF STATE