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J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Sweet Progress In C Name of Corporation – must include suffix		
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:		
Vincent Cosgrove Name of Person		
Sweet Progress Inc		
1323 SE 1715+ Suite 214		
Address Cort lauderdale F& 33316 City/State and Zip Code Vincent C Sweet Drogress. Org- E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
George Schroeder at (920) 205 7209 Name of Person Area Code 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 & □\$78.75 Filing Fee & □\$78.75 Filing Fee & Certificate of Status Certified Copy □\$78.75 Filing Fee & Certified Copy		



FLORIDA DEPARTMENT OF STATE Division of Corporations



April 26, 2016

VINCENT COSGROVE 1323 SE 17TH ST SUITE 214 FORT LAUDERDALE, FL 33316

SUBJECT: SWEET PROGRESS INC.

Ref. Number: W16000030840

We have received your document for SWEET PROGRESS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 716A00008622

TALLAHASSE STATE

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:
Const Penance une
(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. Uisconsin (State or country under the law of which it is incorporated) 4. November 24th 2015 5. Perpetual (Date of Incorporation) (Date of duration, if other than perpetual)
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S, to determine penalty liability.)
7. 1323 SE 17th Street Suite 214 (Principal office address)
Fort Lauderdale FL 33316 (Current mailing address, it different)
8. Selling Honey Charity Events (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: Vincent Cosgrove
Office Address: 1523 SE (FIZ STORET) WITE 217 Fort Lauderda (P), Florida 33316 (City) (Zip Code) (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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman:	
Address:	
Vice Chairman:	
Address:	
Director	
Director:	Dr. d.
Address:	D-24
Director:	75 N 1545
Address:	
	0
President: JINCENT COSPROVE Address: 1323 SE (7Th Street	Suite 214 33316
Address:	
Secretary: Michael Cosgroup Address: 2001 Marina Drive Suite	= 30\$ Quincy MA 8017,
Treasurer: Aun Haely	1
Address: 2001 Marina Drive Suite 30.	5 Quincy MA 02171
NOTE: If necessary, you may attach an addendum to the application listing addition. 3.) exit
(Typed or printed name and gapacity of person signing appli	esident

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS



Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, GEORGE PETAK, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

SWEET PROGRESS INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is November 24, 2015.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that said corporation or limited liability company has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on April 05, 2016.

GEORGE PETAK, Administrator

Division of Corporate and Consumer Services Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code: 174091-5F63DC2F