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(Requestor's Name)

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☐ PICK-UP

☐ WAIT

☐ MAIL

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(Business Entity Name)

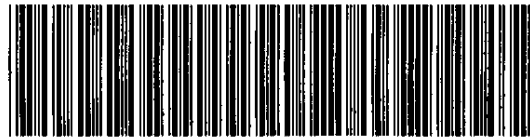
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2016 JUN -3 P 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUN 06 2016  
J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 24, 2016

CHRISTINE HENRICH  
375 W 69TH STREET  
JACKSONVILLE, FL 32208

SUBJECT: HANDCLASP INTERNATIONAL, INCORPORATED  
Ref. Number: W16000038143

We have received your document for HANDCLASP INTERNATIONAL, INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 416A00011006

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STATE OF FLORIDA  
TALLAHASSEE

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2016 JUN -3 PM 4:31

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** Handclasp International, 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:

Christine Henrich

Name of Person

Handclasp International, Inc.

Firm/Company

375 W. 69th Street

Address

Jacksonville, FL 32208

City/State and Zip Code

Chris.Henrich@me.com

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Christine Henrich

Name of Person

at ( 904 )

Area Code

463-9367

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. Handclasp International, Incorporated  
(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. California 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/16/1970 5. \_\_\_\_\_  
(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. 375 W. 69th Street, Jacksonville, FL 32208  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Educational and Charitable 501 c 3  
(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: Christine Henrick

Office Address: 375 W. 69th Street

Jacksonville, Florida 32208  
(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.*

Christine L Henrick  
(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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TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Paul Verhagen

Address: 1515 Teakwood Ave  
Cincinnati, OH 45224

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Mary Sue Verhagen

Address: 1515 Teakwood Ave  
Cincinnati, OH 45224

Director: Gerald Davis

Address: 215 Christopher Drive  
Chickasha, OK 73018

B. OFFICERS

President: Daniel J. Henrick

Address: 375 W. 69<sup>th</sup> Street  
Jacksonville, FL 32208

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Christine L. Henrick

Address: 375 W. 69<sup>th</sup> Street, Jacksonville FL 32208

Treasurer: Christine L. Henrick

Address: 375 W. 69<sup>th</sup> Street, Jacksonville, FL 32208

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TALLAHASSEE, FLORIDA

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

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

14. Christine L. Henrick, Secretary - Treasurer  
(Typed or printed name and capacity of person signing application)

**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

**HANDCLASP INTERNATIONAL INCORPORATED**

**FILE NUMBER:** C0603054  
**FORMATION DATE:** 07/16/1970  
**TYPE:** DOMESTIC NONPROFIT CORPORATION  
**JURISDICTION:** CALIFORNIA  
**STATUS:** ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of May 12, 2016.

ALEX PADILLA  
Secretary of State