

F16000002927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

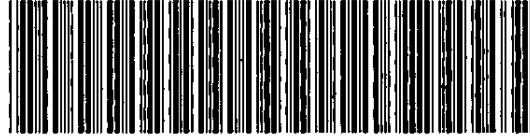
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/02/18--01027--002 **70.00

15 JUN 29 AM 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2016

SANGITHA LORENZ
8821 SPRING MOUNTAIN WAY
FT MYERS, FL 33908

SUBJECT: OUR VILLAGE WELL SOCIETY
Ref. Number: W16000040936

We have received your document for OUR VILLAGE WELL SOCIETY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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: 616A00011816

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Our Village Well Society

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:

Sangitha P Lorenz

Name of Person

Our Village Well Society

Firm/Company

8821 Spring Mountain Way

Address

Fort Myers, FL 33908

City/State and Zip Code

mail@ourvirtualvillage.org

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

For further information concerning this matter, please call:

Sangitha P Lorenz

Name of Person

at (610) 504-9341

Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing 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. **Our Village Well Society Corporation**

(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.)

2. DE 3. 81-1516616
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 2016-02-01 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "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. 8821 Spring Mountain Way, Fort Myers, FL 33908
(Principal office address)

(Current mailing address)

8. Engage in any lawful act or activity for charitable, religious, educational and/or scientific purposes.
(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: REGISTERED AGENTS INC.

Office Address: 3030 N. Rocky Point Dr, STE 150A

Tampa, Florida 33607
(City) (Zip Code)

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SECRET
DEPARTMENT OF STATE
CLASSIFIED

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.



Bill Havre/Assistant Secretary

(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:~~ Director: Sharon Jayakumar

Address: 209 Cuthbert Street, Unit 502

Philadelphia, PA 19106

Director: Charmaine Trindade

Address: 5811 Terrapark Trail

Mississauga, ON L5M 6S3 Canada

Director: Tatiana Sonnenberg

Address: 7886 Cameron Circle

Fort Myers, FL 33912

B. OFFICERS

~~President:~~ Chief Executive Officer/President: Sangitha P Lorenz

Address: 8821 Spring Mountain Way

Fort Myers, FL 33908

~~Vice President:~~ Development Associate: Shaila Silva Veith

Address: Friedhofstrasse 37

77694 Kehl GERMANY

~~Secretary:~~ Development Associate: Prita Lal

Address: 13419 5th Street, Fort Myers, FL 33905

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. Sangitha P Lorenz

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OUR VILLAGE WELL SOCIETY" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FOURTH DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.



5948880 8300C

SR# 20163445466

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 202374687

Date: 05-24-16