

FILE000005050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

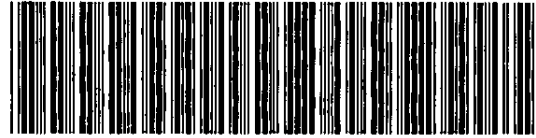
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

cert W16-57067
suffix

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2016

STEPHEN HOFFMAN
2840 BOAT COVE CIRCLE
KISSIMMEE, FL 34746

SUBJECT: UNITED HUMANITARION SERVICES
Ref. Number: W16000057067

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

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.

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 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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 316A00017393

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: United Humanitarian Services
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:

Stephen Hoffman

Name of Person

United Humanitarian Services

Firm/Company

2840 Boat Cove Circle

Address

Kissimmee, FL 34746

City/State and Zip Code

mailstevch@gmail.com

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

For further information concerning this matter, please call:

Steve Hoffman

Name of Person

at (240)
Area Code

888-5285

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:

United Humanitarian Services **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. Oregon 3. 81-3128936
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 29, 2016 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 3050 Dyer Blvd., Suite 188, Kissimmee, FL 34741
(Principal office address)

2840 Boat Cove Circle, Kissimmee, FL 34746
(Current mailing address, if different)

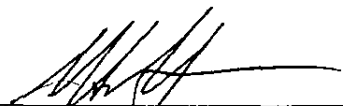
8. Free Financial Workshops
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Stephen Hoffman
Office Address: 3050 Dyer Blvd., Suite 188
Kissimmee, Florida 34741
(City) (Zip Code)

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SECRETARY OF STATE
TAMM LAMARCA E. 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.


(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: Stephen Hoffman
2840 Boat Cove Circle
Address: Kissimmee, FL 34847

Vice Chairman: Rizza Hoffman
2840 Boat Cove Circle
Address: Kissimmee, FL 34746

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Stephen Hoffman
2840 Boat Cove Circle
Address: Kissimmee, FL 34746

Vice President: *Rizza Hoffman*
Address: *2840 BOAT COVE CIRCLE*
Kissimmee, FL 34746

Secretary: _____

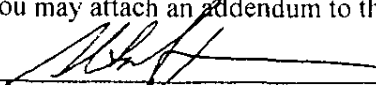
Address: _____

Treasurer: _____

Address: _____

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TAMMESA, FLORIDA

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)
Stephen Hoffman - Trustee

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

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 528E948Q4

I, JEANNE P. ATKINS, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

UNITED HUMANITARIAN SERVICES

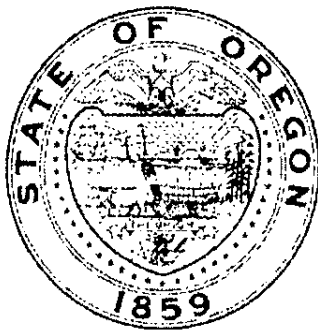
is

Incorporated

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.

In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.



Jeanne P. Atkins

JEANNE P. ATKINS, SECRETARY OF STATE

10/14/2016