

FILED00005567

(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:



900293296219

12/16/16--01003--016 ***78.75

16 DEC 16 AM 11:55
SIXTH DISTRICT COURT OF APPEALS
STATE OF FLORIDA
TAMPA, FLORIDA

FILED

T WASHINGTON
DEC 19 2016

Office Use Only

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shepherd Transitional House Incorporated
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:

Sharon M. Franklin
Name of Person

Name of Person

Firm/Company

351 Crossing Blvd.

#1116

Address

Orange Park, Florida 32073
City, State and Zip Code

City/State and Zip Code

fsharon312@gmail.com

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

For further information concerning this matter, please call:

Sharon M. Franklin at (870) 413-2215
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 & 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. Shepherd Transitional House 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. Arkansas 3. 90-0717711
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 25, 2011 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. 351 Crossing Blvd. #1116, Orange Park, Florida 32073
(Principal office address)

(Current mailing address, if different)

To assist families to achieve their educational and economical potential for an improved quality of life. To coordinate supplementary and enrichment programs. To engage in fundraising activities to help support and (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) sustain the mentioned purposes above.

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

Name: Shaean m. Franklin
Office Address: 351 Crossing Blvd. #1116
Orange Park, Florida 32073
(City) (Zip Code)

16 DEC 16 AM 11:55
FILED
FEDERAL BUREAU OF INVESTIGATION
ATLANTA, GEORGIA

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.

Sharon M. Franklin
(Registered agent's signature)

(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: Monique R. Battles

Address: 12 Wimbledon Green Circle #411
Little Rock, Arkansas 72210

Vice Chairman: _____

Address: _____

Director: Sharon M. Franklin

Address: 351 Crossing Blvd. #1116
Orange Park, Florida 32073

Director: _____

Address: _____

16 DEC 16 AM 11:56
FILED
FBI - MEMPHIS
FBI - MEMPHIS

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: J. Garland Tate

Address: 2202 West 22nd Avenue #146; Pine Bluff, AR 71603

Treasurer: Aechia C. Armstrong 1300 West 13th Street APT. #22

Address: Pine Bluff, Arkansas 71601

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

13. Sharon M. Franklin

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

14. Sharon M. Franklin Executive Director

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



Arkansas Secretary of State Mark Martin

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

SHEPHERD TRANSITIONAL HOUSE INCORPORATED

authorized to transact business in the State of Arkansas as a Non-Profit Corporation, filed Articles of Incorporation in this office March 25, 2011.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.

16 SEC 16 AM 11:56
16 SEC 16 AM 11:56
FILED

In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 15th day of December 2016.



Mark Martin

Mark Martin
Secretary of State

Online Certificate Authorization Code:

ae851200bc11e55

To verify the Authorization Code, visit sos.arkansas.gov