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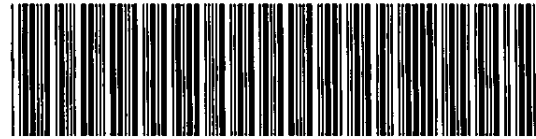
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16 DEC 16 AM 11:55  
TALLAHASSEE, FLORIDA

T WASHINGTON  
DEC 19 2016

## 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

\_\_\_\_\_  
Firm/Company

351 Crossing Blvd.

#1116

\_\_\_\_\_  
Address

Orange Park, Florida 32073  
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

☒ <sup>SMF</sup> \$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

(State or country under the law of which it is incorporated)

3. 90-0717711

(FEI number, if applicable)

4. March 25, 2011

(Date of Incorporation)

5. \_\_\_\_\_

(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)

8. 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 sustain the mentioned purposes above.  
(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: Sharon M. Franklin

Office Address: 351 Crossing Blvd. #1116

Orange Park, Florida 32073

(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.*

Sharon M. Franklin

(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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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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: \_\_\_\_\_

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ALABAMA STATE  
ARCHIVES  
FLORENCE

**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.

FILED  
16 DEC 16 AM 11:56  
OFFICE OF THE SECRETARY OF STATE  
LITTLE ROCK, ARKANSAS



**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](http://sos.arkansas.gov)