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SECRETARY OF STATE
SECRETARY OF STATE

N. HARRIE

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: The Gossover House, 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:
Greer Jattan Name of Person
The Crossover House Firm/Company
11950 Royce Waterford Circle
Address
Tampa Florida 33626 City/State and Zip Code
Greer. Jattan 410 @ amail.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Greet Jattan at (813) 928-6929 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 & □\$78.75 Filing Fee & Certificate of Status Certified Copy Certified Copy □ \$70.00 Filing Fee & Certified Copy 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:

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbrevia import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if no in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)	tions o	f like ntained	l
COSSOVET by Design and Consign (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business			
2. Ten nessee 3. 45-156 896 (State or country under the law of which it is incorporated) 4. 41292011 (Date of Incorporation) (Date of duration, if other than perpendicular to the control of the con			
6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine 7. 11950 Royce Waterford Circle Tampa, Florida 33606 (Principal office address)	penalty	v liabili	ity.)
(Current mailing address, if different)			
8. To provide Services for women in Crisis (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)	SECHETARY OF STATE	2017 MAY 10 A	TIT
Name: Gree Jattan Office Address: 11950 Roure Waterfood Circle	FIORIO	AM 10: 58	O
Name: Gree Jattan Office Address: 11950 Royce Water bod Circle Tampa, Florida 33604 (City) (Zip Code)	A''	٥,	
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corpord designated in this application, I hereby accept the appointment as registered agent and agree to act further agree to comply with the provisions of all statutes relative to the proper and complete perford duties, and I am familiar with and accept the obligations of my position as registered agent.	in this	capa	city. I
(Registered agent's signature)			
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of	f this a	pplica	ation 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:	Greer Jattan	
Address:	11950 Royce Waterford Circle	
_	Tampa Florida 33626	
Vice Chair	rman: Vivian Lee	****
Address:	81-11 45+11 Ave, apt # 911	
_	Elmhurst, New York	
	Silvia Blover	
Address:_	121 Clarke Lane Staten Island New York	
Director:_	1	
Address:	P	SE URE
_		
B. OFFI	ICERS	T1 C COMP
President:_	Minerva Holloway	of Site
Address:	2509 Westminister Drive	STATE STATE
_	Olney Maryland	
Vice Presid	dent: Lindsay Jattan	
Address:	USSO Marina Pointe Vg court Apt #	?a3
_	Tampa, Florida 33635	
	Jenna Jattan	
Address:	11950 Royce Waterford Cicle Tampa, FL 3360	Ψ
Treasurer:	Kelvin Tacuk washa	
Address:	1830 Carolina Ave, NE Cleveland TN	
NOTE: 1	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	on)
	(Typed or printed name and capacity of person signing application)	···)
	(Typed or printed name and capacity of person signing application)	



Division of Business Services **Department of State**

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

GREER JATTAN

4579

CLEVELAND, TN 37323

May 4, 2017

Request Type: Certificate of Existence/Authorization

Request #:

0236844

Issuance Date: 05/04/2017

Copies Requested:

Document Receipt

Receipt #: 003360048

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3701479347

\$20.00

Regarding:

The Crossover House, Inc.

Filing Type:

Nonprofit Corporation - Domestic

Formation/Qualification Date: 04/29/2011

Status:

Active

Duration Term:

Perpetual

Business County: BRADLEY COUNTY

Control #:

657355

Date Formed:

04/29/2011

Formation Locale: TENNESSEE

Inactive Date:

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

The Crossover House, Inc.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above:
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has not filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

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