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(D-		
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
·	,	
PICK-UP	☐ WAIT	MAIL
_	_	_
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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17 JUN -7 AH 9: 13

SECRETARY OF STATE

M. MILLIGAN JUN 09 2017

WOUNDED HEARTS, INC.

5310 S 44th PL Rogers, AR 72758

479-899-4557 a 501 (c) (3) non-profit



June 1, 2017

Ms. Michelle Milligan
Senior Section Administrator
Florida Department of State
Division of Corporations
2601 Executive Center Cir.
Tallahassee, Florida 32301

Dear Ms. Milligan:

RE: Wounded Hearts, Inc., Reference Number: W17000043604

Enclosed please find the completed application re: foreign corporation with line 7 completed.

In addition, please find the "Certificate in Good Standing" from the State of Arkansas for "Wounded Hearts, Inc."

I hope that this is all the information that you will need to complete this application. I thank you very much for your time and help this afternoon regarding the "Certificate."

Regards,

Racy of Laughlin,

Director

Enc. 💪 pages

2017 JUH - 7 AM II: 37

COVER LETTER

TO:	Registration Se Division of Co	orporations			
SUBJ	ECT: Wounded 1	Hearts, Inc.			
БСД	EC1	Name of Corporation	n – must in	clude suffix	
Dear S	Sir or Madam:				
Affair	s in Florida", "Ce	tion by Foreign Not for Profit ertificate of Existence", or "C enced not for profit corporati	ertificate of	Status" and che	ck are submitted to
Please	return all corres	pondence concerning this ma	tter to the fo	ollowing:	
	Nancy L	aughlin			
		Name o	f Person	<u> </u>	·
	Wounde	d Hearts, Inc.			
		Firm/C	ompany		
	5310 S.	<u> </u>			
		Ado	Iress		
	Rogers,	AR. 72758			
		City/State a	nd Zip Code		
	wounded	thearts.nancy@gmail.com			
	E-n	nail address: (to be used for f	uture annua	l report notificat	ion)
For fu	rther information	concerning this matter, pleas	se call:		
Nancy	Laughlin	at (479	899-4557	
	Name		Area Code	Daytime Tele	phone Number
	MAILING AD Registration Sc Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations		STREET/COU Registration Sc Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations g c Center Circle
Enclos	sed is a check for	the following amount:			
5 70	0.00 Filing Fee	□\$78.75 Filing Fee & Certificate of Status		Filing Fee & ed Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 23, 2017

NANCY LAUGHLIN WOUNDED HEARTS, INC. 5310 S. 44TH PL ROGERS, AR 72758

SUBJECT: WOUNDED HEARTS, INC.

Ref. Number: W17000043604

We have received your document for WOUNDED HEARTS, INC. 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.

Please complete #7 to include the city, state and zip code of the principal office address.

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.

Michelle Milligan Senior Section Administrator

Letter Number: 517A00010278

2817 JUH - 7 MM II: 3.7

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:

Wounded He	Hearts, Inc.	
(Name of corporation language)	poration: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like guage as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained	
in the name at p	guage as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained t present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)	<u>.</u>
	22	41 -41-41 -41-41
(If name unav	available in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida	300
Arkansas 2.	3. 46-1677118 3. <u>\$</u>	30 A
10/31/2013	ountry under the law of which it is incorporated) (FEI number, if applicable) xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	TOUS TOUS
((Date of Incorporation) 5. (Date of duration, if other than perpetual)	Ç
N/A 6.		
(Date first cond	nducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.	.)
5310 S. 44th I	IPL, Rogers, AR 7275 8	
<i>.</i>	(Principal office address)	
same as above	re 5310 5 44th PL, Rogers AR 72758 Ver 5310 5 44th PL, Rogers AR 72758	
	(Current mailing address, if different)	
8. and scientific (Purpose(s) of Organ) 9. Name and St	ding the forequing, however, the Corporation is organized exclusively for charitable, religious, educational convenees including for such numbers, the making of distributions to organizations that qualify as exempt of corporation authorized in home state or country to be carried out in the state of Elorida). (1) CA TIONS WELL SECTION 501 (C.) (3) 06 the Interval Section 501 (C.) (3) 06 the Interval Section 501 (C.) (4) 06 the Interval Section 501 (C.) (5) 06 the Interval Section 501 (C.) (6) 10 converged and section of Florida registered agent: (P.O. Box NOT acceptable) U.S. Interval Section 10 converged agents (P.O. Box NOT acceptable)	enve e plav
Name:	Dennis Laughiin	
Office Address	217 High Point Terr. Apt. D	
Ottico Hadress	Delray Beach 33445-4041 , Florida	
	(City) (Zip Code)	
Having been no designated in the further agree to duties, and I am	ed agent's acceptance: named as registered agent and to accept service of process for the above stated corporation at the pla this application, I hereby accept the appointment as registered agent and agree to act in this capacit to comply with the provisions of all statutes relative to the proper and complete performance of my am familiar with and accept the obligations of my position as registered agent. (Registered agent's signature) is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application.	ty. I
the Departr	tment 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.

	Out of
A. DIRECTORS	Ly Sign
xxxx	「ン [©]
Chairman:	
Address:	<u>, </u>
XXXX Vice Chairman:	
/ice Chairman:xxxx	
Address: DIRECTOR: Nancy Laughlin	
5310 S 44th PL, Rogers, AR 72758	
Director:	
Address:	
8229 New Jersey, Ft. Myers, FL 33967	
DIRECTOR: Steve Tzineff Director:	
13273 N. 101st Way, Scottsdale, AZ 85260	
Address:	
, & Secretary-Treasurer, Nancy Laughlin	
5310 S. 44th PL	
Rogers, AR 72758 xxxxx	
Rogers, AR 72758 xxxxx	
Rogers, AR 72758 xxxxx /ice President:	
Rogers, AR 72758 xxxxx /ice President: Address:	
Rogers, AR 72758 xxxxx /ice President: address: see above	
Rogers, AR 72758 xxxxx /ice President: Address: see above decretary:	
Rogers, AR 72758 xxxxx /ice President: see above secretary: see above	
Rogers, AR 72758 xxxxx /ice President: see above fecretary: see above reasurer:	
Address: Rogers, AR 72758 xxxxx Vice President: Address: see above Secretary: Address: see above Freasurer:	
Address: Rogers, AR 72758 xxxxx Vice President: See above Secretary: See above Freasurer: Address:	
Rogers, AR 72758 xxxxx /ice President: see above secretary: see above reasurer: Address: See above reasurer: Address: If necessary, you may attach an addendum to the application listing additional contents of the application of the application and the application additional contents of the additional contents of the additional contents of the additional contents of the additional contents of th	
Rogers, AR 72758 XXXXX Vice President:	onal officers and/or directors.
Rogers, AR 72758 xxxxx /ice President: see above secretary: see above reasurer: see above reasurer: Address: If necessary, you may attach an addendum to the application listing additional contents of the application of the applicat	onal officers and/or directors.



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

WOUNDED HEARTS, INC.

authorized to transact business in the State of Arkansas as a Non-Profit Corporation, filed Articles of Incorporation in this office January 13, 2015.

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.



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 1st day of June 2017.

Mark Martin

Secretary of State Online Certificate Authorization Code: 5786bab7cf5a9ce
To verify the Authorization Code, visit sos.arkansas.gov