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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 13 2017

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ability Tree 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:

Joe N. Butler
Name of Person

Ability Tree Inc.
Firm/Company

P.O. Box 6929

Address

Siloam Springs, AR 72761
City/State and Zip Code

info@abilitytree.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe N. Butler at (855) 373-6033 x 3
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. Ability Tree Inc.

(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. Benton County, Arkansas 3. 27-3020956
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 3, 2010 5. Perpetual
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 300 E. Main St. Siloam Springs, AR 72761
(Principal office address)

P.O. Box 6929 Siloam Springs, AR 72761
(Current mailing address, if different)

8. Respite and recreational services for families of children with special needs.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
Awareness and training programs for organizations.

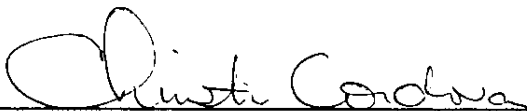
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Christina Cordova

Office Address: 11320 Pickford Street
Spring Hill, Florida 34609
(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.


(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: Wayne Cordova

Address: 11320 Pickford St.

Spring Hill, FL 32033

Vice Chairman: Tina Cordova

Address: 11320 Pickford St.

Spring Hill, FL 32033

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Joe Butler

Address: 734 N. Walnut Ct.

Sfloam Springs, AR 72761

Vice President: _____

Address: _____

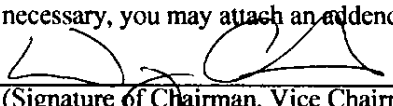
Secretary: Diana Yates

Address: 13077 Little Farms Dr., Spring Hill, FL 34609

Treasurer: _____

Address: _____

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)

14. Wayne Cordova, Executive Director
(Typed or printed name and capacity of person signing application)

FILED
17 JUL 12 AM 7:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**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

ABILITY TREE INC.

authorized to transact business in the State of Arkansas as a Non-Profit Corporation, filed Articles of Incorporation in this office June 3, 2010.

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 30th day of June 2017.

Mark Martin

Mark Martin

Secretary of State

Online Certificate Authorization Code: a44699b37164189

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