

F17000004546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

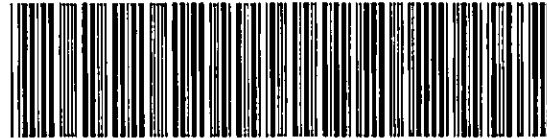
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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300303584413

09/25/17--01035--015 **70.00

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2017 OCT 10 AM 8:16
FBI - MEMPHIS

OCT 11 2017
J. HARRIS

300303584413

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: New Wings 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:

Michelle Gonzalez

Name of Person

New Wings Inc.

Firm/Company

12317 Equine Lane

Address

Wellington, FL. 33414

City/State and Zip Code

newwingsincorporated@gmail.com

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

For further information concerning this matter, please call:

Nicolas Gonzalez

Name of Person

at (305)
Area Code

801-4241

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2017 OCT 10 PM 8:26

September 27, 2017

MICHELLE GONZALEZ
12317 EQUINE LANE
WELLINGTON, FL 33414

SUBJECT: SECOND CHANCE INC.
Ref. Number: W17000076983

We have received your document for SECOND CHANCE INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The alternate name selected for your corporation is not available in Florida. Please select a new alternate name that contains "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." You may make the corrections to the alternate name in the space provided in number one of the application.

The document number of the name conflict is L11000131568.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 317A00019568

2017 OCT 10 AM 8:16

**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. New Wings 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.)

Project Take Two Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Illinois

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

3. N/A

(FEI number, if applicable)

4. August 30, 2017

(Date of Incorporation)

5. N/A (Perpetual)

(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. 12317 Equine Lane, Wellington, FL, 33414

(Principal office address)

N/A

(Current mailing address, if different)

8. Raise money and set up education systems for prison systems

(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: Michelle Gonzalez

Office Address: 12317 Equine Lane

Wellington, Florida 33414

(City)

(Zip Code)

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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: Nicolas Gonzalez

Address: 12317 Equine Lane, Wellington, FL, 33414

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Nicolas Gonzalez

Address: 12317 Equine Lane, Wellington, FL, 33414

Vice President: _____

Address: _____

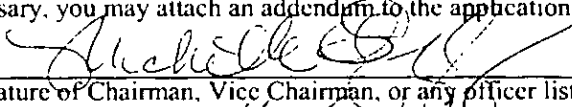
Secretary: Gabriella Gonzalez

Address: 12317 Equine Lane, Wellington, FL, 33414

Treasurer: Michelle Gonzalez

Address: 12317 Equine Lane, Wellington, FL, 33414

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

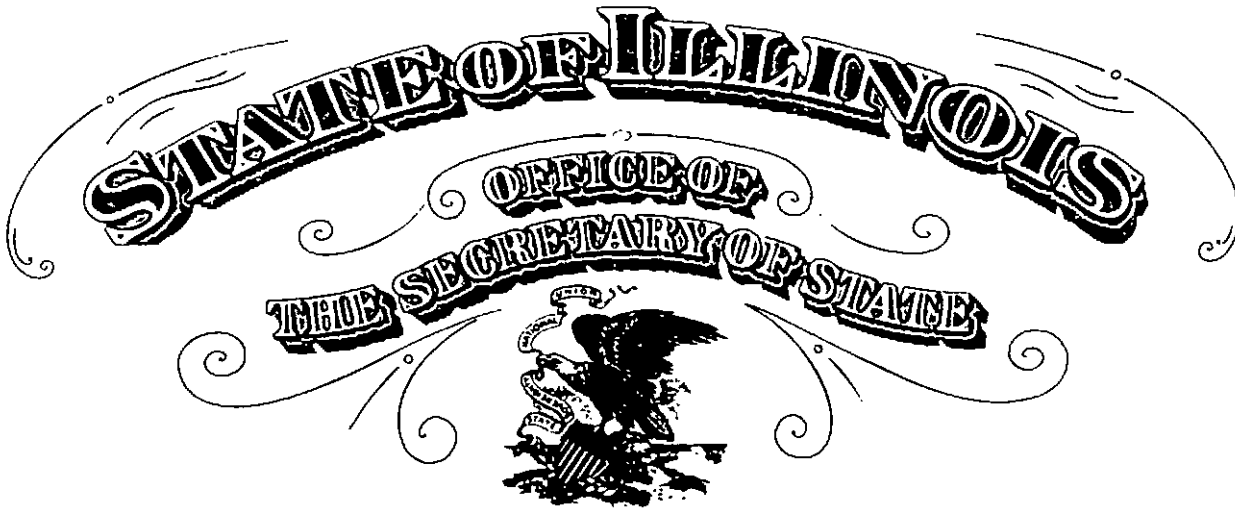
13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michelle Gonzalez, Treasurer
(Typed or printed name and capacity of person signing application)

2017 OCT 10 AM 03:16
FBI
TALLAHASSEE

File Number

7145-645-5



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

NEW WINGS INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON AUGUST 30, 2017, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 16TH
day of SEPTEMBER A.D. 2017 .***

Jesse White

SECRETARY OF STATE