# F18000001239

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
none W18.17332

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### FLORIDA DEPARTMENT OF STATE

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**Division of Corporations** 

February 21, 2018

ANGELIQUE THOMPSON PO BOX 10323 MERRILLVILLE, IN 46411

SUBJECT: PROMISING FUTURES, INC.

Ref. Number: W18000017332

We have received your document for PROMISING FUTURES, 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 name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

The document number of the name conflict is L16000124450.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist II

Letter Number: 718A00003564

#### **COVER LETTER**

	gistration vision of	Section Corporations			
		ng Futures, Inc.			
oobste.	·· <u>—</u> —	Name of Corpora	tion – must	include suffix	
Dear Sir or	Madam:				
Amans III F	iona, i	eation by Foreign Not for Pro Certificate of Existence", or ' erenced not for profit corpora	'Certificate	of Status" and a	chack are submitted in
Please retur	n all corre	espondence concerning this n	natter to the	following:	
	Angel	ique N. Thompson			
		Name	of Person	<u>-</u>	
	Promi	sing Futures, Inc.			
		Firm/	Company		
	P.O. B	ox 10323			
					<del></del>
	_	Ac	ldress		<u> </u>
	Merrill	ville, Indiana 46411			
	_ <del>_</del>	City/State a	and Zip Cod	e	
	angray(	@promisingfuturesinc.org			
	E-	mail address: (to be used for	future annu	al report notific	ration)
For further in	nformation	n concerning this matter, plea	ise call:		
Angelique N.	. Thompso		219	796-7036	
	Name	of Person at (	Area Code	Daytime Te	lephone Number
Regis Divis P.O.	stration So	rporations		Registration 5 Division of C Clifton Build	orporations ing ve Center Circle
Enclosed is a	check for	the following amount:			
■ \$70.00 Fil	ing Fee	□\$78.75 Filing Fee & Certificate of Status		filing Fee & ed 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 AFFAIR.	s IN
THE STATE OF FLORIDA:	
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like	
(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)	
Indiana 11-3811408	
2. 3. (State or country under the law of which it is incorporated) (FEI number, if applicable) March 22, 2006 perpetual	
4	•
N/A	
6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine percently liability.)	)
7870 Broadway, Suite B, Merrittville, Indiana 46410	
(Principal office address)	
P. O. Box 10323, Merrillville, Indiana 46411	
(Current mailing address, if different)	
Social Services Agency 8.	
8. (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: United States Corporation Cyenty Tro Office Address: 13302 Windows Dak Court Suite A	
(City), Plorida (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 pla designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity 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.	ce P. I
Cheyenne Moseley, Asst. Secretary on behalf of	
United States Corporation Agents, Inc.	
(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.

Angelique N. Thompson In: 7870 Broadway, Suite B  Merrillville, Indiana 46410  Rudolph V. Gray, Jr. Indiana Broadway, Suite B  Merrillville, Indiana 46410  Daniel N. Gibson  7870 Broadway, Suite B  Merrillville, Indiana 46410  Aleisa Amos-Pony  7870 Broadway, Suite B  Merrillville, Indiana 46410  Aleisa Amos-Pony  7870 Broadway, Suite B	18 H
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Merrillville, Indiana 46410	
Theresa Pilate	
y:	
Aleisa Amos-Pony	
7870 Broadway, Suite B., Merrillville, Indiana 46410	<del></del>
If pagargary, you may attach an addardon to the and location I'm 1977	1/ 1
If necessary, you may attach an addendum to the application listing additional office	cers and/or directors

## State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

#### PROMISING FUTURES, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on March 22, 2006, and was in existence or authorized to transact business in the State of Indiana on February 15, 2018.

I further certifiy this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, February 15, 2018

Corrie Lauron

CONNIE LAWSON
SECRETARY OF STATE

2006033001041 / 2018532609

Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate