

# F18000002284

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

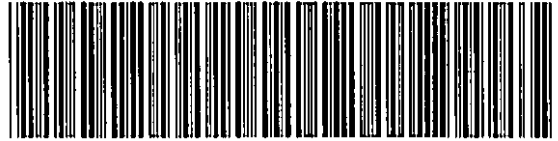
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

✓

Office Use Only



900312546439

05/14/18--01021--010 \*\*87.50

FILED

18 MAY 14 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Pack Shack  
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:

Vicki S. Vasser-Jenkins

Name of Person

The Pack Shack

Firm/Company

1091 East Lowell Avenue

Address

Cave Springs, AR. 72718-8414

City/State and Zip Code

vicki@thepackshack.org

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

For further information concerning this matter, please call:

Vicki S. Vasser-Jenkins

479

282-9909

at ( )

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:**

The Pack Shack

1. \_\_\_\_\_  
(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. \_\_\_\_\_ 3. \_\_\_\_\_  
Arkansas 46-3323793  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. \_\_\_\_\_ 5. \_\_\_\_\_  
August 27, 2013  
(Date of Incorporation) (Date of duration, if other than perpetual)

N/A

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)  
1091 East Lowell Avenue, Cave Springs, AR 72718

7. \_\_\_\_\_  
(Principal office address)

Same

\_\_\_\_\_  
(Current mailing address, if different)

8. The Pack Shack is a nonprofit organization whose mission is to supply provisions and opportunities for our neighbors in need. We would like to start operating in Florida.  
(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)

Kyle Webb

Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

13450 Landstar Blvd, Unit #1010

Orlando

32824

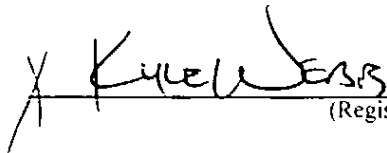
\_\_\_\_\_  
(City)

, Florida

\_\_\_\_\_  
(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**

Bret Raymond

Chairman:

1091 East Lowell Avenue, Cave Springs, AR 72718

Address:

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

**B. OFFICERS**

Bret Raymond

President:

1091 East Lowell Avenue, Cave Springs, AR 72718

Address:

Vice President:

Address:

Secretary:

Address:

Treasurer:

Address:

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

13.

*Bret Raymond*  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  
Bret Raymond

14.

(Typed or printed name and capacity of person signing application)

FILED  
18 MAY 14 AM 11 09  
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

**THE PACK SHACK**

authorized to transact business in the State of Arkansas as a Non-Profit Corporation, filed Articles of Incorporation in this office August 27, 2013.

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 7th day of May 2018.

*Mark Martin*

Mark Martin  
Secretary of State

Online Certificate Authorization Code: 09dec17b8fd83a7

To verify the Authorization Code, visit [sos.arkansas.gov](http://sos.arkansas.gov)