

# F18000002320

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(Requestor's Name)

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

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(Address)

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

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PICK-UP

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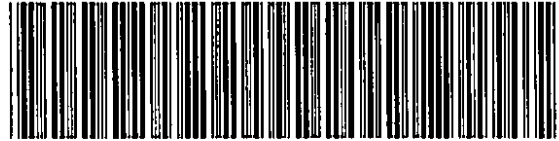
\_\_\_\_\_  
(Business Entity Name)

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

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

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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 MAY 16 PM 08

1LS  
5-17-18

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Noah's Rainbow Corp.  
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:

Paul E. Yamilkaski  
Name of Person

\_\_\_\_\_  
Firm/Company

7503 Folk Way  
Address

Lakeland, FL 33809  
City/State and Zip Code

NoahsRainbow13@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul E. Yamilkaski at ( 819 ) 533-5236  
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. Noah's Rainbow Corp.

(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.)

Noah's Rainbow Charities Corp.

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

2. IOWA

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

3. \_\_\_\_\_

(FEI number, if applicable)

4. 9-1-2011

(Date of Incorporation)

5. \_\_\_\_\_

(Date of duration, if other than perpetual)

6. None

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

7. ~~7503~~ 3432 Mallard Rise Rd., Toddville, IA 52341

(Principal office address)

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

8. Benefit families with children with life threatening illnesses and fund raising to support that goal

(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: \_\_\_\_\_

Paul E. Yamilkoski

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

7503 Folk Way

Lakeland

(City)

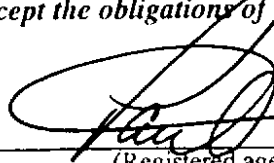
Florida

33809

(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.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 MAY 16 PM 1:00

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: Paul E. Yamilkosi

Address: 7503 Folk Way  
Lakeland, FL 33809

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
SEE Addendum

Director: \_\_\_\_\_

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

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: \_\_\_\_\_

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

Vice President: \_\_\_\_\_

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

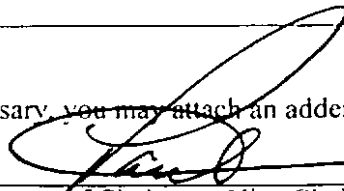
Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_

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

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

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

14. Paul E. Yamilkosi, Director and Chairman of the Board  
(Typed or printed name and capacity of person signing application)

Noah's Rainbow

Addendum of Directors/Officers:

Director/ Chairman of the Board

Paul E Yamilkoski  
7503 Folk Way  
Lakeland, FL 33809

Director/ President and CEO

Kristi Yamilkoski  
7503 Folk Way  
Lakeland, FL 33809

Director/ Vice President

Sean Taylor  
623 Nodaway Dr.  
Center Point, IA 52213

Director/ Treasurer

Cathie Yamilkoski  
3422 Fieldstone Path  
The Villages, FL 22163

Director/ Secretary

Tammy Yamilkoski  
3422 Mallard Rise Rd.  
Toddville, IA 52341

Director

Rachel Latteyer  
2775 Beavertail Ln  
Urbana, IA 52345

**IOWA SECRETARY OF STATE  
PAUL D. PATE**



**CERTIFICATE OF EXISTENCE**

Date: 5/10/2018

Name: NOAH'S RAINBOW (504RDN - 422539)

Date of Incorporation: 9/1/2011

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the nonprofit corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Revised Iowa Nonprofit Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

Certificate ID: **CS149376**

To validate certificates visit:

**[sos.iowa.gov/ValidateCertificate](http://sos.iowa.gov/ValidateCertificate)**

A handwritten signature in black ink, reading "Paul D. Pate".

Paul D. Pate, Iowa Secretary of State