

F18000003389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

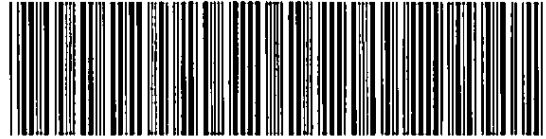
(Business Entity Name)

(Document Number)

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2018 JUL 17 PM 12:51
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TALLAHASSEE, FLORIDA

FILED

JCS
07-25-18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healing and Hope for Colminy, 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:

Glenda M. Powers

Name of Person

Healing and Hope for Colminy, Inc.

Firm/Company

161 Oak Tree Boulevard

Address

Winter Haven, FL 33880

City/State and Zip Code

gpowers1943@gmail.com

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

For further information concerning this matter, please call:

Glenda M. Powers

Name of Person

614
at (_____)_____
Area Code

615-0778

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:*

Healing and Hope for Colminy Incorporated

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.)

81-3039445

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

2. Ohio 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 07/08/2016 5. _____
(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. 161 Oak Tree Boulevard, Winter Haven, FL 43228
(Principal office address)

(Current mailing address, if different)

8. Principal Office relocated to FL for proximity to Colminy, Haiti, which is where the goals of the org. ^{are} ~~is~~ carried out.
(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: Glenda M. Power

Office Address: 161 Oak Tree Blvd
Winter Haven 33880
(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.

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2016 JUL 17 PM 12:51
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Glenda M. Powers

Address: 161 Oak Tree Blvd

Winter Haven. FL 33880

Vice Chairman: Winston J. Powers

Address: 161 Oak Tree Blvd

Winter Haven. FL 33880

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Glenda M. Powers

Address: 161 Oak Tree Blvd

Winter Haven. FL 33880

Vice President: Winston J. Powers

Address: 161 Oak Tree Blvd.

Winter Haven. FL 33880

Secretary: Elaine Cooper

Address: 3104 NW Blvd. Upper Arlington. OH 43221-2234

Treasurer: Winston J. Powers

Address: 161 Oak Tree Blvd. Winter Haven. FL 33880

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

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

14. Glenda M. Powers, Chairman/President
(Typed or printed name and capacity of person signing application)

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2018 JUL 17 PM 12:51
CLERK OF CIRCUIT
PALM BEACH COUNTY
FLORIDA

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show HEALING AND HOPE FOR COLMINY, INC., an Ohio not for profit corporation, Charter No. 3921181, having its principal location in Columbus, County of Franklin, was incorporated on July 8, 2016 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 10th day of July, A.D. 2018.*

Jon Husted

Ohio Secretary of State

Validation Number: 201819102434



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/15/2016	201619602544	DOMESTIC NONPROFIT CORP - ARTICLES (ARN)	99.00	0.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

HHC
ATTN G POWERS
5979 RENNER RD
COLUMBUS, OH 43228

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Jon Husted
3921181

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

HEALING AND HOPE FOR COLMINY, INC.

and, that said business records show the filing and recording of:

Document(s)

DOMESTIC NONPROFIT CORP - ARTICLES

Effective Date: 07/08/2016

Document No(s):

201619602544



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
15th day of July, A.D. 2016.

Jon Husted

Ohio Secretary of State