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US 25-18

COVER LETTER

10:	P: Registration Section Division of Corporations				
SHRI	The Spark	of Hope Foundation (USA), I	nc.		
БОВО		Name of Corpora	tion – must in	iclude suffix	
Dear S	Sir or Madam:				
Affair	s in Florida", "Ce	tion by Foreign Not for Pro ertificate of Existence", or ' enced not for profit corpora	'Certificate of	f Status" and ch	eck are submitted to
Please	return all corres	pondence concerning this n	natter to the fo	ollowing:	
	Carrie S	Slaton			
		Name	of Person		
	Proskau	er Rose LLP			
		Firm/	Company		
	Eleven	Times Square, 17th Floor			
		A	ddress		
	New Yo	ork, NY 10036			
		City/State	and Zip Code	2	
	karim@t	hesparkofhope.org			
	E-m	nail address: (to be used for	future annua	l report notifica	ation)
For fur	rther information	concerning this matter, ple	ase call:		
Karim	ı H. Ismail	at	(407	990-2880	
	Name	of Person	Area Code	Daytime Tel	ephone Number
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ection rporations		Registration S Division of Co Clifton Buildi	orporations
.				Tallahassee, F	
Enclos	ed is a check for	the following amount:			
□ \$ 70	0.00 Filing Fee	□\$78.75 Filing Fee & Certificate of Status		Filing Fee & ed Copy	S87.50 Filing Fee, Certificate of Status &

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:

(Name of corpo	age as will clearly i	e the word "INCORPORAT	in instead of a natural person	or words or abbreviations of l or partnership if not so conta profit corporation.)	ike ined
(If name unava	silable in Florida, e	nter alternate corporate nam	e adopted for the purpose of	transacting business in Florid	la)
2. New York		3	81-4244652		
(State or cour	ntry under the law	of which it is incorporated)	(FEI numbe	r, if applicable)	
([Date of Incorporation)n)	(Date of duration	n, if other than perpetual)	
6. (Date first cond	ucted affairs in Flor	ida if prior to registration. See	sections 617.1501 & 617.15	02, F.S, to determine penalty li	iability.)
	d Blvd, Suite 1820	, Ft. Lauderdale, FL 33394		, .	• •
		(Principal o	office address)		
		(Current mailing	address, if different)		_
8. Please see atta	ched.			S	28
(Purpose(s) of c	corporation authori	zed in home state or country	to be carried out in the state	of Florida)	-8 -11
0. M	. II CDI			后	79
9. Name and stre	eet address of Fig	orida registered agent: (P.0	J. Box <u>NOT</u> acceptable)	777	20
Name:	Juan Ruiz				
		Blvd, Suite 1820,		m.	2018 SEP 20 AM 8: 49
	Ft. Lauderdale		, Florida		7 5 19
		(City)		(Zip Code)	Lit
Having been na designated in th further agree to	is application, 1 . comply with the	d agent and to accept ser hereby accept the appoin	tment as registered agent relative to the proper on	ove stated corporation at t t and agree to act in this co d complete performance o red agent.	anacity. I
11. Attached is	a certificate of ex	distence duly authenticated	agent's signature)	prior to delivery of this app	olication to
the Departm	ient of State, by 1	he Secretary of State or of which it is incorporated.	ther official having custoo	dy of corporate records in t	he

+ 12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairmar	Please see attached.	
Address:	·	
Vice Cha	airman:	
Address:	·	
Director:	:	
Address:		
Director:	<u> </u>	
Address:		
	FICERS Please see attached	
	Please see attached.	
Address:	·	
Vice Pre	rsident:	
	SECH TALL	
Secretary	v:	
Address:	, Signatural State of the Control of	
Treasure	π <u>π</u> ν (πν	
Address:		
NOTE.	If nagarage you may attack as addardons to the scattering their additional afficient of the P	
13.	If necessary, you may attach an addendum to the application listing additional officers and/or direction with the property of	IOFS.
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
14. <u>Kar</u>	rim H. Ismail, President (Typed or printed name and capacity of person signing application)	

<u>Attachment to FL Application By Foreign Not For Profit Corporation for Authorization to Conduct Its Affairs in Florida</u>

Question 8. Purpose of the Corporation authorized in home state to be carried out in the state of Florida

Spark of Hope is formed to advance education by making grants to other section 501(c)(3) organizations, foreign charitable organizations and foreign colleges and universities that provide scholarships to students.

Question 12: Officers and Directors

Name	Title(s)	Mailing Address
Karim H. Ismail	Director; President	500 E. Broward Blvd, Suite 1820 Ft. Lauderdale, FL 33394
Seema Kara	Director; Treasurer	500 E. Broward Blvd, Suite 1820 Ft. Lauderdale, FL 33394
Naila Alidina	Director; Secretary	1027 Bloomview Circle Rochester, MI 48307-1728



State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of THE SPARK OF HOPE FOUNDATION (USA), INC. was filed on 10/19/2016, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 05th day of September two thousand and eighteen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State