# F19000000045

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SECRETARY OF SINE

BL. VORISEK JAH 03 2019

### **COVER LETTER**

TO: New Filing Se Division of Co	orporations			
SUBJECT: N	Name of Corporation	Mildren Four	ndation	
Dear Sir or Madam:				
Affairs in Florida", "Co	tion by Foreign Not for Profi ertificate of Existence", or "C enced not for profit corporat	Certificate of Status" and ch	eck are submitted to	
Please return all corres	pondence concerning this ma	utter to the following:		
	Sarah Name o	deBoer-Hjo		
	Jecessities for	Children Fou	ndado	
148 S Cortez Dr.				
Address				
Margate, FL 33068 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, plea	se call:		
Sarah O Name	EBer-Hort at (	6/6	90/ lephone Number	
MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET/COURIER A New Filing Section Division of Corporation Clifton Building 2661 Executive Center of Tallahassee, FL 32301		ection orporations ing ve Center Circle		
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



December 28, 2018

SARAH DEBOER-HJORT NECESSITIES FOR CHILDREN FOUNDATION 148 S. CORTEZ DR. MARGATE, FL 33068

SUBJECT: NECESSITIES FOR CHILDREN FOUNDATION CORP.

Ref. Number: W18000110272

We have received your document for NECESSITIES FOR CHILDREN FOUNDATION CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (805) 245-6000.

Brenda L Vorisek Director

Letter Number: 718A00026439

## 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 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.)
2. Missour: (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12/3/2018 5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")
6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. P.O. Box 1665 Rolla, Mo 65401 (Principal office address)
4-230 Tompkins Ct SE Grand Rapids, MI 49546 (Current mailing address)
(Principal office address)  4230 Tompleins Ct SE Grand Rapids MI 49546  We provide  8. Intervention and support to Struggling and disadva staged children (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name: Desmond Dogan  Office Address: 1321 Braeburn
Office Address: 1321 Braeburn
North Fort Landerdale, Florida 33068 (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.

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 Chairman;\_\_\_ Address: Vice Chairman: Address: Director: Dogan North Fort Landerdale FL 33068 Director:\_\_\_\_\_ Address: **B. OFFICERS** Vice President: () Treasurer: \ \ \ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

# STATE OF MISSOUR



### John R. Ashcroft Secretary of State

## CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

### Necessities for Children Foundation N000699754

was created under the laws of this State on the 17th day of September, 2015, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 10th day of December, 2018.

Secretary of State

Certification Number: CERT-12102018-0075

