

**A9000001139**

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

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

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

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

PICK-UP     WAIT     MAIL

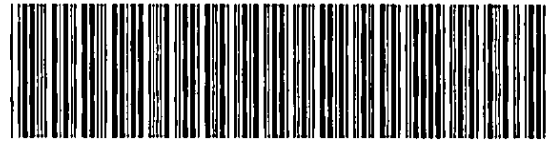
\_\_\_\_\_  
(Business Entity Name)

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

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

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Danus Heslop

Secretary

18200 NE Couch Street

Apt 226

Portland, Oregon 97230

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PORTLAND, OREGON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: One Family At A Time 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:

Enca Powell  
Name of Person

One Family At A Time Inc  
Firm/Company

10707 S Preserve Way  
#203  
Address

Miramar, FL 33025  
City/State and Zip Code

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

RECEIVED  
CORPORATION DIVISION  
APR 25 11 43 AM '07

For further information concerning this matter, please call:

Enca Powell at (203) 893-3689  
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:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

- \$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. One Family At A Time Inc  
(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.)

One Family At A Time FL  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. CT 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November, 21 2016 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 02/17/2019  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 201 Lasky Road Beacon Falls, CT 06403  
(Principal office street address)

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

8. Non-profit expand to help more families in housing emergencies  
(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: Erica Powell

Office Address: 10707 S Preserve Way 203  
Miramar, Florida 33025  
(City) (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.*

[Signature]  
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

Chairman Name: Erica Powell  
 Vice Chairman Address: 10707 S Preserve Way  
 Director # 203  
 President Miramar, FL 33025  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Jacqueline Powell  
 Vice Chairman Address: 18200 NE Couch St.  
 Director Apt 226  
 President Portland, Oregon 97230  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Desirae Guilbert  
 Vice Chairman Address: 201 Lusk Road  
 Director Bacon Falls, CT 06043  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Earl Powell  
 Vice Chairman Address: 3317 Aramne Ave  
 Director Norfolk, VA 23509  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Tiara Petteway  
 Vice Chairman Address: 10707 S Preserve  
 Director Way # 203  
 President Miramar, FL 33025  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Duran Reeves  
 Vice Chairman Address: 10707 S Preserve Way  
 Director # 203  
 President Miramar, FL 33025  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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

14. Erica Powell C  
(Typed or printed name and capacity of person signing application)

Secretary of The State of Connecticut

I, the Secretary of The State of Connecticut, and keeper of the seal thereof,  
DO HEREBY CERTIFY, that the certificate of incorporation of

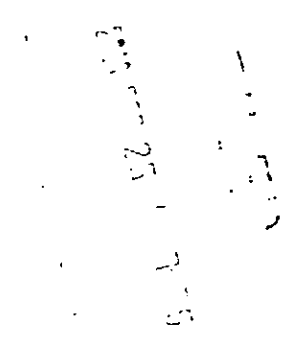
ONE FAMILY AT A TIME INC.

a domestic NONSTOCK corporation, was filed in this office on November 21, 2016, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.



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Secretary of The State of Connecticut



Date Issued: January 07, 2019