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Division of Corporations
Florida Department of State
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
CeCe's Hope Center

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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K. SALY
MAR 21 2019

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**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. **CeCe's Hope Center**

(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.)

CeCe's Hope Center Inc.

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

2. **Arizona**

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

3.

(FEI number, if applicable)

4. **3/3/2017**

(Date of Incorporation)

5.

(Date of duration, if other than 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. **7901 4th St N STE 300 St. Petersburg, FL 33702**

(Principal office address)

PO Box 19631 Fountain Hills AZ 85269-1631

(Current mailing address, if different)

8. **ASSIST AND HELP SEXUAL TRAUMA AND TRAFFICKING VICTIMS**

8.

(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: **Registered Agents Inc.**

Office Address: **7901 4th St N STE 300**

St. Petersburg

(City)

Florida 33702

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: ****SEE ATTACHED**** _____

Address: _____

Director: ****SEE ATTACHED**** _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

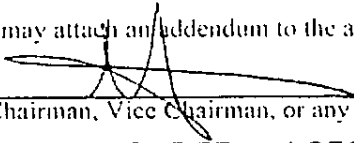
Secretary: _____

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. **STEVE HEDDEN, TREASURER and CFO** _____
(Typed or printed name and capacity of person signing application)

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12. Names and addresses of officers and/or directors

Rene Lopez, Director and Chairman of the Board
7901 4th St N STE 300
St. Petersburg, FL USA 33702

Steve Hedden, Director and Chief Financial Officer
7901 4th St N STE 300
St. Petersburg, FL USA 33702

George Macedon, Director
7901 4th St N STE 300
St. Petersburg, FL USA 33702

James Miller, Director
7901 4th St N STE 300
St. Petersburg, FL USA 33702

Michael Cimino, Director
7901 4th St N STE 300
St. Petersburg, FL USA 33702

Julie Swartling, Director
7901 4th St N STE 300
St. Petersburg, FL USA 33702

Kevin Thompson, Director
7901 4th St N STE 300
St. Petersburg, FL USA 33702

Roxanna Dudish, Director
7901 4th St N STE 300
St. Petersburg, FL USA 33702

Lea Benson, Chief Executive Officer
7901 4th St N STE 300
St. Petersburg, FL USA 33702

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

CECE'S HOPE CENTER

ACC file number: 21662885

was incorporated under the laws of the State of Arizona on 03/03/2017;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 03/20/2019



Matthew Neubert

Matthew Neubert, Interim Executive Director

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