

F19000001714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

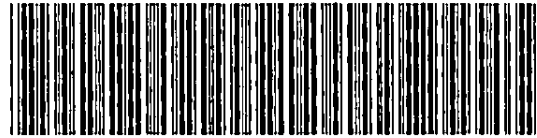
(Document Number)

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

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W19-28963

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TALLAHASSEE FLORIDA

D. BRUCE  
APR 08 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 23, 2019

CASSANDRA FAYE BOGAN  
P O BOX 446  
KINSTON, NC 28502

SUBJECT: AGAPE DISABILITIES SERVICES & CONSULTING INC  
Ref. Number: W19000028963

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SECRETARY OF STATE

We have received your document for AGAPE DISABILITIES SERVICES & CONSULTING INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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 (850) 245-6842.

Deborah Bruce  
Corporate Records Supervisor II

Letter Number: 319A00005798

## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
AGAPE DISABILITIES SERVICES & CONSULTING INC

**SUBJECT:** \_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:  
CASSANDRA FAYE BOGAN

\_\_\_\_\_  
Name of Person  
AGAPE DISABILITIES SERVICES & CONSULTING INC

\_\_\_\_\_  
Firm/Company  
P O BOX 446

\_\_\_\_\_  
Address  
KINSTON, NC 28502

\_\_\_\_\_  
City/State and Zip code  
AGAPEDISABILITIES@YAHOO.COM

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

For further information concerning this matter, please call:

CASSANDRA BOGAN                      954                      461-8939

\_\_\_\_\_  
Name of Person                      at (                      )                      \_\_\_\_\_  
Area Code                      Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

AGAPE DISABILITIES SERVICES & CONSULTING INC

1. \_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

ADSC

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

2. \_\_\_\_\_ 3. 815108679  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
02/06/2017
4. \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)  
2103 CEDAR LANE KINSTON NC 28501

7. \_\_\_\_\_  
(Principal office address)  
P O BOX 446 KINSTON, NC 28502
- \_\_\_\_\_  
(Current mailing address, if different)

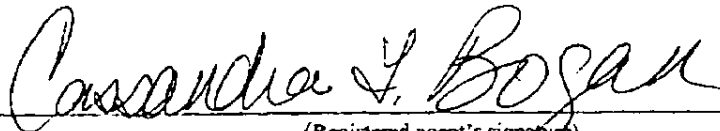
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  
CASSANDRA FAYE BOGAN

Name: \_\_\_\_\_  
6218 DUVAL DRIVE

Office Address: \_\_\_\_\_  
MARGATE 33063  
\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip code)

**9. 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)

10. 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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11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

DEBRA RASPBERRY

President: \_\_\_\_\_

7806 JAYWICK AVE.

Address: \_\_\_\_\_

FT WASHINGTON MD

VACANT

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

KATHY SUTTON

Secretary: \_\_\_\_\_

2103 CEDAR LANE, KINSTON NC 28501

Address: \_\_\_\_\_

CASSANDRA BOGAN

Treasurer: \_\_\_\_\_

6218 DUVAL DR, MARGATE FL 33063

Address: \_\_\_\_\_

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

12. Cassandra Faye Bogan

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

CASSANDRA FAYE BOGAN/TREASURER

13. \_\_\_\_\_

(Typed or printed name and capacity of person signing application)

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DEPT. OF STATE  
TALLAHASSEE, FLORIDA



# NORTH CAROLINA

## Department of the Secretary of State

### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### **AGAPE DISABILITIES SERVICES & CONSULTING, INC.**

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 6th day of February, 2017, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 5th day of April, 2019.

*Elaine F. Marshall*

Secretary of State