

F190000001717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

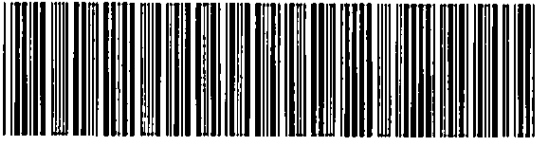
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Inc added ^{3 removed} - permission
from SP
W19MM34641

Office Use Only



300326868073

04/01/19--01064--030 **160.00

2019 APR - 7 PM 3:05

4-8-19
Bk



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 4, 2019

CHRISTY SALTERS
1202B MORROW STREET
AUSTIN, TX 78757

SUBJECT: CHRISTY'S CHAMPS, INC.
Ref. Number: W19000034641

We have received your document for CHRISTY'S CHAMPS, INC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the document and fees to form a Florida limited liability company; however, your name implies you wish to form a corporation. The name of a limited liability company cannot contain a corporate suffix. Corp., Corporation, Company, Co., Incorporated, and Inc. are all corporate suffixes. The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC."

Please correct the suffix or, if you wish to form a corporation, submit Articles of Incorporation. Any fees previously submitted with your limited liability company filing will be applied to your corporate filing.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6052.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 219A00006764

Kinsey, Brooke N.

From: Christy Salters <champchristy@live.com>
Sent: Monday, April 8, 2019 11:08 AM
To: Kinsey, Brooke N.
Subject: Christy's Champs mission statement

EMAIL RECEIVED FROM EXTERNAL SOURCE

Christy's Champs mission statement

Purpose

Mission-Growing movement of leaders who work to ensure those who suffer emotional and physical abuse in their families have an outlet to receive education and support to report, share and overcome the violence inspiring hope for a life free of threats, blackmail, shame and fear.

Vision-one day all impacted by emotional and physical abuse by family members will have the opportunity to attain his/her fullest potential and stand up to those who threaten achievement of that potential.

Supporting domestic violence and family abuse victims and survivors in the fight of their life.

2019 Apr -7 PM 3:05
FRI
APR 5 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Christy's Champs, 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:

Christy Sallers
Name of Person

Christy's Champs
Firm/Company

4757 Johnston Oakler Rd

Address

Charlotte, NC 28269
City/State and Zip Code

Champ Christy @live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christy Sallers at (702) 885-6732
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. Christy's Champs, 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.)

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

2. North Carolina

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

3. 81-5430205

(FEI number, if applicable)

4. 2/28/17

(Date of incorporation)

5. Current

(Date of duration, if other than perpetual)

6. Proposed date June 14, '19

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

7. 4757 Johnston Dehler Rd, Charlotte, NC 28269

(Principal office street address)

(Current mailing address, if different)

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: Daniel Lait

Office Address: 12105 Shadowbrook Lane

Orlando

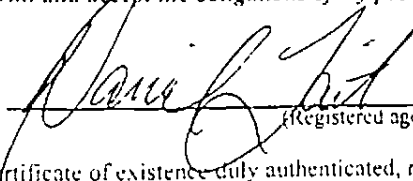
(City)

, Florida 32828

(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.

2019 APR -8 PM 3:05

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: Christy Sallers
☐ Vice Chairman Address: 4757 Johnston Dekler Rd
☐ Director Charlotte, NC
☒ President 28269
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☒ Chairman Name: LISA Holewyne
☐ Vice Chairman Address: 1202 Morrow St
☐ Director Austin, TX 78757
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ 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. Christy Sallers
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Christy Sallers
(Typed or printed name and capacity of person signing application)



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

CHRISTYS CHAMPS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 28th day of February, 2017, with its period of duration being Perpetual.

I FURTHER certify that 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 Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 27th day of March, 2019.

Elaine F. Marshall

Secretary of State



Scan to verify online.