

FR0000001768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

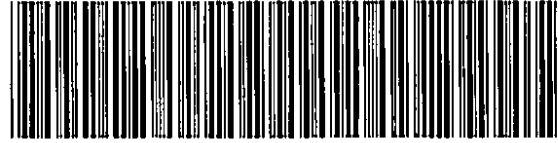
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200327219932

04/06/19--01019--017 ++87.50

2019 APR -8 AM 3:05

4-10-19
BK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOPE 4 HEALING, INC.

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:
GRETCHEN REILLY

_____ Name of Person
HOPE 4 HEALING, INC.
_____ Firm/Company
2300 COMPUTER AVENUE, SUITE 1-50
_____ Address
WILLOW GROVE, PA 19090
_____ City/State and Zip code
GRETCHEN@HOPE4HEALINGINC.COM
_____ E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GRETCHEN REILLY	215	659-4673
_____ Name of Person	at (_____)	_____ Daytime Telephone Number
	Area Code	

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

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.

HOPE 4 HEALING, INC.

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

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

PENNSYLVANIA

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

06/20/2011

4. (Date of incorporation) 5. (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)

283 CRANES ROOST BOULEVARD, SUITE 111, ALTAMONTE SPRINGS, FL 32701-3437

7. (Principal office address)

2300 COMPUTER AVENUE, SUITE I-50, WILLOW GROVE, PA 19090

(Current mailing address, if different)

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

Name: UNITED STATES CORPORATION AGENTS INC

Office Address: 13302 WINDING OAK COURT, SUITE A

TAMPA Florida 33612 (City) (Zip code)

2019 APR 09 AM 3:05

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.

Handwritten signature of Cheyenne Moseley

Cheyenne Moseley, Asst. Secretary on behalf of United States Corporation Agents, Inc.

(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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: GRETCHEN REILLY

Address: 350 TRINITY AVENUE

AMBLER, PA 19002

Vice President: (CFO) TERRI NESSLER

Address: 467 RICK ROAD

SOUTHAMPTON, PA 18966

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

2019 APR - 1 AM 3:05
SECRETARY

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

12. Gretchen Reilly _____
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.

13. GRETCHEN REILLY - PRESIDENT _____

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

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

03/28/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Hope 4 Healing, Inc.

is duly registered as a Pennsylvania Business Corporation under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Kathy Bookman

Acting Secretary of the Commonwealth

Certification Number: TSC190328141219-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>