

# FL9000002903

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

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

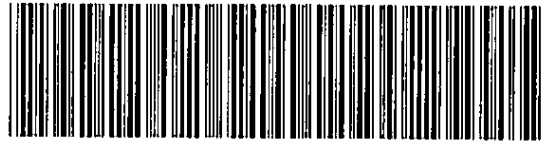
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(Document Number)

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

Special Instructions to Filing Officer:

NP

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01/28/19--01003--007 \*\*130.00

01/28/19--01003--007 \*\*87.50

FILED

JUN 28 A 7:50

D SCOTT

JUN 24 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 9, 2019

DEMETRIA WADDELL  
PO BOX 311485  
TAMPA, FL 33680

SUBJECT: LOVING ARMS SOCIAL SERVICES AGENCY  
Ref. Number: W19000011217

2019 JUN 28 A 7:54  
FILED

We have received your document for LOVING ARMS SOCIAL SERVICES AGENCY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 019A00009391

RECEIVED

JUN 24 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Loving Arms Social Service Agency  
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:

Demetria Waddell

Name of Person

Loving Arms Social Service Agency

Firm/Company

P O Box 311485

Address

Tampa, FL 33680

City/State and Zip Code

lovingarmsssa.org

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

For further information concerning this matter, please call:

Demetria Waddell

at ( 708 )

362-1697

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:

- ☐ \$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:

Loving Arms Social Services Agency

1. (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.)

Loving Arms Social Services Agency Corporation

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

2. ILLINOIS 3. 364399671  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 6, 2014 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

January 21, 2019

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

4701 N. 15 Tampa FL 33610

7. \_\_\_\_\_  
(Principal office address)

PO Box 31145 Tampa, FL 33680

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

Mentoring, Counseling, Life Coaching in a safe environment

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)

Demetria Waddell

Name:

4701 N 15th St

Office Address:

Tampa

33610

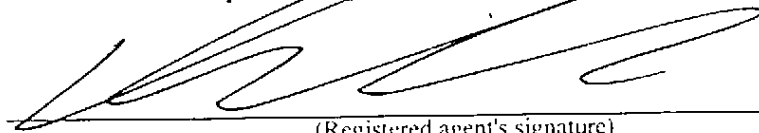
(City)

Florida

(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.

RECEIVED

MAY 09 2019

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

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

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

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

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

Demetria Waddell

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

12753 Bramfield Dr. Riverview Fl 33759

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

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

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

**B. OFFICERS**

Lawanda Martin

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

340 Turnberry Apt F St. Peter's MO 63376

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

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

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

LaVeda Jones

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

47 Cambridge Dr. Grayslake IL 60030

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

Sharone Johnson

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

4209 W. 135th St. Crestwood, IL 60445

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

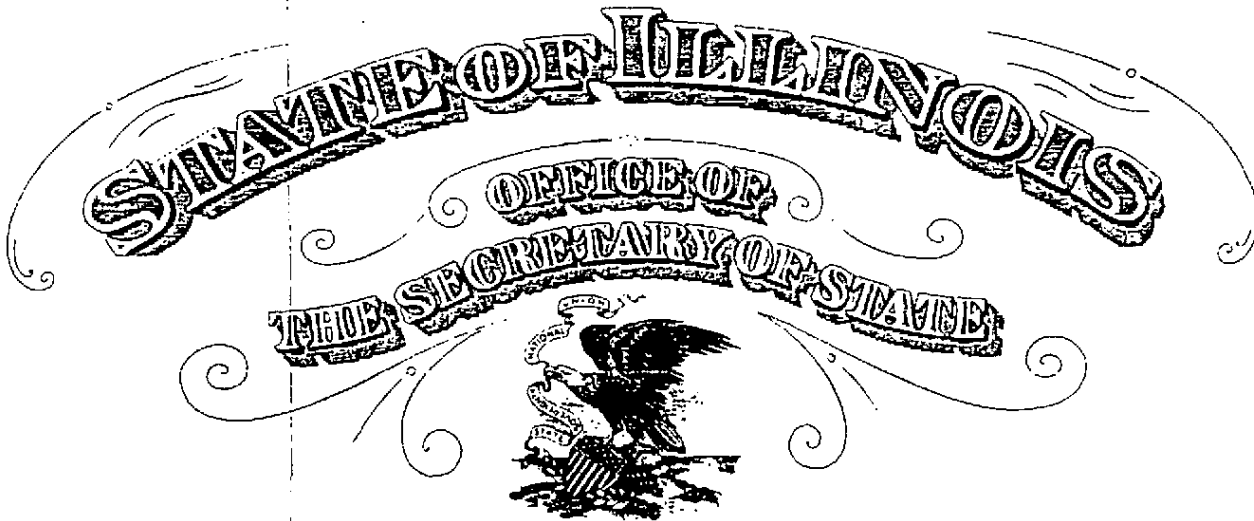
**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

14. Demetria Waddell Director  
Lawanda Martin President  
(Typed or printed name and capacity of person signing application)

File Number

6146-636-3



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

LOVING ARMS SOCIAL SERVICE AGENCY, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 23, 2001, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.

JAN 28 A 7:50



**In Testimony Whereof, I hereto set**  
*my hand and cause to be affixed the Great Seal of*  
*the State of Illinois, this 17TH*  
*day of JANUARY A.D. 2019 .*

*Jesse White*

SECRETARY OF STATE