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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

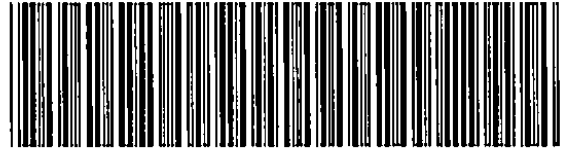
(Business Entity Name)

(Document Number)

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FELICIAHARRIS, FLORIDA

19 JUL 17 AM 9:01

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JUL 17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2019

DAIS ABRAHAM
1415 E. GEORGIA ST
BARTOW, FL 33830

SUBJECT: BRIDGE TO CARE - US INC.
Ref. Number: W19000041979

19 JUL 17 AM 9:43

We have received your document for BRIDGE TO CARE - US INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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) 245-6051.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 119A00012311



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2019

DAIS ABRAHAM
1415 E. GEORGIA ST
BARTOW, FL 33830

SUBJECT: BRIDGE TO CARE - US INC.
Ref. Number: W19000041979

We have received your document for BRIDGE TO CARE - US INC. 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 registered agent must sign accepting the designation.

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.

Stacy Prather
Regulatory Specialist III

Letter Number: 419A00008568

RECEIVED
JUN 17 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bridge to Care 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:

Dais Abraham

Name of Person

Bridge to Care Inc.

Firm/Company

1415 E Georgia St.,

Address

Bartow, FL 33830

City/State and Zip Code

abrahamdais924@gmail.com

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

For further information concerning this matter, please call:

Dais Abraham

813

6433247

Name of Person

at (_____) _____
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

19 JUL 17 AM 9:01
RECEIVED
TALLAHASSEE, FLORIDA

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. Bridge to Care
(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.)
Bridge to Care -US Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Alberta, Canada 3. 1014024-4
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03/10/2017 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)
6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability)
7. 1415 E Georgia St., Bartow, FL 33830
(Principal office street address)
115 E Van Fleet Dr. 206, Bartow FL 33830
(Current mailing address, if different)
8. We see the great need of helping the children and helping people in need in all over North America
(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: Nancy Abraham
Office Address: 1415 E Georgia St.,
Bartow, Florida 33830
(City) (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 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.
-  Nancy Abraham
(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.

FILED
19 JUL 17 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6 total)]:


A. DIRECTORS

<input checked="" type="checkbox"/> Chairman	Name: <u>DAIS ABRAHAM</u>	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>115 E VAN FLEET DR</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	<u>#206</u>	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	<u>BARTOW FL</u>	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	<u>33830</u>	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

<input checked="" type="checkbox"/> Chairman	Name: <u>NANCY ABRAHAM</u>	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>1415 E Georgia St.</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	<u>BARTOW FL 33830</u>	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Chairman	Name: _____	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> 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. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DAIS ABRAHAM (CHAIRMAN)
(Typed or printed name and capacity of person signing application)

19 JUL 17 AM 9:01
3600 MAINT ST
TALLAHASSEE, FL 32310



Certificate of Existence

Canada Not-for-profit Corporations Act s. 290(1)(c)

Certificat d'existence

*Loi canadienne sur les organisations à but non
lucratif art. 290(1)(c)*

Bridge to Care

Corporate name / Dénomination de l'organisation

1014024-4

Corporation number / Numéro de l'organisation

I HEREBY CERTIFY that the above-named
corporation was in existence under the
Canada Not-for-profit Corporations Act on
2019-07-09 (YYYY-MM-DD).

JE CERTIFIE, par la présente, que
l'organisation susmentionnée existait en
vertu de la *Loi canadienne sur les
organisations à but non lucratif* le 2019-07-
09 (AAAA-MM-JJ).

Raymond Edwards

Director / Directeur

2019-07-09

Issuance date (YYYY-MM-DD)
Date d'émission (AAAA-MM-JJ)

I HEREBY CERTIFY THIS TO BE A TRUE
COPY OF THE ORIGINAL DOCUMENT

DATED THIS 11 DAY OF July, 2019.

A NOTARY PUBLIC IN AND FOR THE
PROVINCE OF ALBERTA

Theodore G. Kaklin
Barrister Solicitor Notary Public
107, 4302 - 33 Street
Stony Plain, Alberta T7Z 2A9
Ph: 780-963-3326



Certificate of Compliance

Canada Not-for-profit Corporations Act s. 290

Certificat de conformité

*Loi canadienne sur les organisations à but non
lucratif art. 290*

Bridge to Care

Corporate name / Dénomination de l'organisation

1014024-4

Corporation number / Numéro de
l'organisation

I HEREBY CERTIFY that the above-named
corporation:

- exists under the *Canada Not-for-profit
Corporations Act*;
- has filed the required annual returns; and
- has paid all prescribed fees required.

JE CERTIFIE, par la présente, que
l'organisation susmentionnée :

- existe en vertu de la *Loi canadienne sur les
organisations à but non lucratif*;
- a déposé les rapports annuels exigés; et
- a acquitté tous les droits prescrits exigibles.

Raymond Edwards

Director / Directeur

2019-07-09

Issuance date (YYYY-MM-DD)

Date d'émission (AAAA-MM-JJ)

I HEREBY CERTIFY THIS TO BE A TRUE
COPY OF THE ORIGINAL DOCUMENT

DATED THIS 11 DAY OF July, 2019

A NOTARY PUBLIC IN AND FOR THE
PROVINCE OF ALBERTA

Theodore G. Kaklin
Barrister Solicitor Notary Public
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Stony Plain, Alberta T7Z 2A9
Ph: 780-963-3326