

F190000962

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000307427 3)))



H190003074273ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.
 Account Number : 120160000017
 Phone : (855) 498-5500
 Fax Number : (800) 432-3622

2019 OCT 15 PM 4:45
Florida

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
DREAMSPRING**

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	\$78.75

2019 OCT 15 PM 4:45

H19000307427 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DreamSpring, 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:

_____ Name of Person

_____ Firm/Company

_____ Address

_____ City/State and Zip Code

regagent@capitol-services.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
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

H19000307427 3

H19000307427 3

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA.

IN COMPLIANCE WITH SECTION 617.1303, 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. DreamSpring
(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.)

DreamSpring, Inc.

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

2. New Mexico 3. 85-0417347
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/12/1993 5. _____
(Date of incorporation) (Date of duration; if other than perpetual)

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1503, F.S. to determine penalty liability.)

7. 2000 Zearing Ave. NW, Albuquerque, NM 87104.
(Principal office ~~street~~ address)

(Current mailing address, if different)

8. _____
(Charitable and education purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended (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: CAPITOL CORPORATE SERVICES, INC.

Office Address: 515 EAST PARK AVENUE 2ND FL

TALLAHASSEE

(City)

Florida, 32301

(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.

Krista Abair, Asst. Secretary on behalf of
Capitol Corporate Services, Inc.

(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.

H19000307427 3

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: Betty Arkell
 Vice Chairman Address: 1400 Wewatta Street, Suite 400
 Director Denver, CO
 President 80202
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: Mike Burns
 Vice Chairman Address: 2000 Zearing Ave NW
 Director Albuquerque, NM
 President 87104
 Vice President _____
 Secretary Treasurer
 Other: COO Other: _____

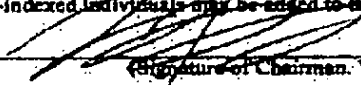
Chairman Name: Michelle Coons
 Vice Chairman Address: 4400 Osuna Road NE
 Director Albuquerque, NM
 President 87109
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: Ray Ziler
 Vice Chairman Address: 2000 Zearing Ave NW
 Director Albuquerque, NM
 President 87104
 Vice President _____
 Secretary Treasurer
 Other: CFO Other: _____

Chairman Name: Anne Haines
 Vice Chairman Address: 2000 Zearing Ave NW
 Director Albuquerque, NM
 President 87104
 Vice President _____
 Secretary Treasurer
 Other: CBO Other: _____

Chairman Name: Marisa Barrera
 Vice Chairman Address: 2000 Zearing Ave NW
 Director Albuquerque, NM
 President 87104
 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.  _____
(Signature of Chairman, Vice Chairman, or any officer [listed in number 12 of the application])

14. Mike Burns, COO _____
(Typed or printed name and capacity of person signing application)

H19000307427 3

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: Yashoda Naidoo
 Vice Chairman Address: 2201 Silver Ave SE
 Director Albuquerque, NM
 President 87106
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

Chairman Name: Clarence McAllister
 Vice Chairman Address: 4108 Air Ln
 Director Phoenix, AZ
 President 85034
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

Chairman Name: Greg Levenson
 Vice Chairman Address: 1410 Central Ave SW
 Director Albuquerque, NM
 President 87104
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

Chairman Name: Jerric Merritt
 Vice Chairman Address: 2700 W Sahara Ave.
 Director Las Vegas, NV
 President 89102
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

Chairman Name: Edmon Johnson
 Vice Chairman Address: 7755 Miller Dr.
 Director Frederick, CO
 President 80504
 Vice President _____
 Secretary _____ Treasurer _____
 Other: _____ Other: _____

Chairman Name: Bill Ridehour
 Vice Chairman Address: 10801 E Happy Valley Rd #136
 Director Scottsdale, AZ
 President 85255
 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. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

H19000307427 3

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: Metia Smith

Vice Chairman Address: 2000 Zeasing Ave NW

Director Albuquerque, NM

President 87104

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: _____

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

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

**OFFICE OF THE SECRETARY OF STATE
NEW MEXICO**

Certificate of Good Standing and Compliance

IT IS HEREBY CERTIFIED THAT:

**DreamSpring
1634377**

the above named entity, a Corporation incorporated under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Nonprofit Corporation, under the

Nonprofit Corporation Act

53-8-1 to 53-8-99 NMSA 1978

having filed its Articles of Incorporation on October 12, 1993, and Certificate of Incorporation issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: **October 16, 2019**

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.



Maggie Toulouse Oliver
**Maggie Toulouse Oliver
Secretary of State**

Certificate Validation #: 0033046

A certificate issued electronically from the New Mexico Secretary of State's office is immediately valid and effective. The validity of a certificate may be established by viewing the **Certificate Validation** option on the Business Filing System at <https://portal.sos.state.nm.us/bfs/online> and following the instructions displayed under **Certificate Validation**.