

F19000004798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

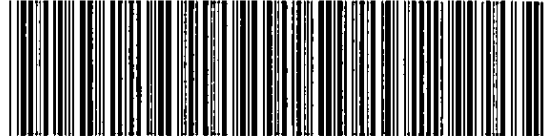
(Business Entity Name)

(Document Number)

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D. BRUCE
OCT 22 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HELP US GIVE SUPPORT TO CANCER SURVIVORS 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:

TERESA L SMITH
Name of Person

Firm/Company

736 SW MYAKKA TR
Address

PORT ST LUCIE, FL 34986
City/State and Zip Code

STAWELADY @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jenny Smith at (802) 249-0812
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:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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. HELP US GIVE SUPPORT TO CANAL SURVIVORS, 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. VERMONT 3. 80-0526321
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 9/30/2009 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 & 617.1502, F.S. to determine penalty liability.)

7. 736 SW MYAKKA RIVER TRACE, PORT ST LUCIE, FL 34986
(Principal office address)

SAME
(Current mailing address, if different)

8. PROVIDE SUPPORT TO CANAL SURVIVORS
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

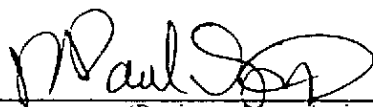
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: ~~TERESA L. SOUTA~~ ROBERT PAUL SMITH

Office Address: 736 SW MYAKKA RIVER TR, #
PORT ST LUCIE, Florida 34986
(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. 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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: TERESA L SMITH

Address: 736 SW MYAKKA RIVER TRACE
PORT ST LUCIE, FL, 34986

Vice Chairman: _____

Address: _____

Director: DR PAUL SMITH

Address: 736 SW MYAKKA RIVER TRACE
PORT ST LUCIE, FL 34986

Director: THOMAS M RUSSELL

Address: 6152 SW BANKS ST
PALM CITY, FL 3

B. OFFICERS

President: TERESA L SMITH

Address: AS ABOVE

Vice President: DR PAUL SMITH

Address: AS ABOVE

Secretary: _____

Address: _____

Treasurer: THOMAS M. RUSSELL

Address: AS ABOVE

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

13. Jerry L Smith
(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)

STATE OF VERMONT
OFFICE OF SECRETARY OF STATE

Certificate of Good Standing

I, James C. Condos, Vermont Secretary of State, do hereby certify that according to the records of this office

HELP US GIVE SUPPORT TO CANCER SURVIVORS, INC.

a Domestic Non-profit Corporation formed under the laws of the State of VERMONT, was filed for record in this office on Sep 21, 2009.

I further certify that the company has perpetual duration, that its most recent annual report is on file, and that as of this date, articles of dissolution / withdrawal have not been filed.

October 07, 2019

Given under my hand and seal of office, at Montpelier, the State Capital.



A handwritten signature in cursive script that reads "James C. Condos".

James C. Condos
Vermont Secretary of State

Business ID: 0087105
Certificate Number: 2013635459001