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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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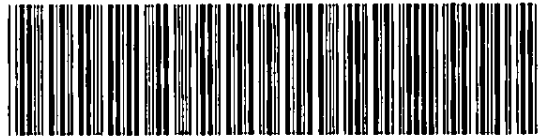
(Business/Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations  
ABIDING LOVE ADOPTION AGENCY, INC.

**SUBJECT:** \_\_\_\_\_  
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:

Carrie M. Murray Nellis

_____	Name of Person
Abiding Love Adoption Agency, Inc.	
_____	Firm/Company
5500 Frederica Road, Suite 1201	
_____	Address
St. Simons Island, Georgia 31522	
_____	City/State and Zip Code
carrie@abidingloveadopt.com	
E-mail address: (to be used for future annual report notification)	

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FILED

For further information concerning this matter, please call:

Carrie M. Murray Nellis 912 596-8778

\_\_\_\_\_ 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

**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:

ABIDING LOVE ADOPTION AGENCY, INC.

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.)

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

2. GEORGIA 3. 81-1743518  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/28/2016 5. Perpetual  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. Not Applicable  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 5500 FREDERICA ROAD, SUITE 1201, ST. SIMONS ISLAND, GEORGIA 31522  
(Principal office street address)
- 5500 FREDERICA ROAD, SUITE 1201, ST. SIMONS ISLAND, GEORGIA 31522  
(Current mailing address, if different)

8. CHILD PLACING ADOPTION AGENCY  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

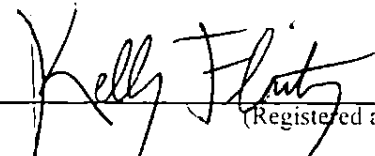
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Kelly Flaitz

Office Address: 50 NORTH LAURA STREET, SUITE 2500

JACKSONVILLE, Florida 32202  
(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.

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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: AUTUMN BARR  
10 DAVIS LANE  
☐ Vice Chairman Address: ST. SIMONS ISLAND, GA 31522  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other: ☐ Other:

☐ Chairman Name: HEATHER OWENS CLARK  
131 SHIPMASTER DRIVE  
☒ Vice Chairman Address: BRUNSWICK, GEORGIA 31523  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other: ☐ Other:

☐ Chairman Name: BETH KEEN  
POST OFFICE BOX 20341  
☐ Vice Chairman Address: ST. SIMONS ISLAND, GEORGIA  
31522  
☐ Director  
☐ President  
☐ Vice President  
☒ Secretary ☐ Treasurer  
☐ Other: ☐ Other:

☐ Chairman Name: MELINDA ROELI  
POST OFFICE BOX 1224  
☐ Vice Chairman Address: STATESBORO, GEORGIA 30459  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☒ Other: BD MEMBER ☐ Other:

☐ Chairman Name: PRINCESS TOUCHET  
103 OXFORD ROAD  
☐ Vice Chairman Address: SAVANNAH, GEORGIA 31419  
☐ Director  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☒ Other: BD MEMBER ☐ 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. Autumn Barr  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

# STATE OF GEORGIA

## Secretary of State

Corporations Division  
313 West Tower  
2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

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### CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

**Abiding Love Adoption Agency, Inc.**  
a Domestic Nonprofit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 18189566  
Date Inc/Auth/Filed: 04/28/2016  
Jurisdiction : Georgia  
Print Date : 11/22/2019  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State