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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

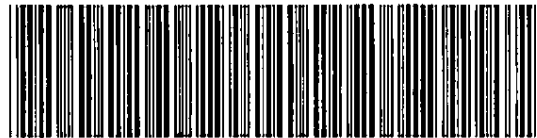
(Business Entity Name)

(Document Number)

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T. LEVINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Potter's Hands Children Center
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:

Larry D. Maschhoff

Name of Person

Firm/Company

105 Bellamy Trail

Address

Sebastian, FL. 32958

City/State and Zip Code

lmaschhoff@gmail.com

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

For further information concerning this matter, please call:

Larry D. Maschhoff

Name of Person

at (309) 530-9065

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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:*

1. Potter's Hands Childrens Center NonProfit Corporation

(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. Arkansas 3. 27-4186361
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 13, 2010 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. Dec. 30, 2019
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 353 N W Sheffield Circle, Port Saint Lucie, FL. 34983
(Principal office street address)

(Current mailing address, if different)

8. Raise funds to support an orphanage in Pilate, Haiti
(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: Larry D. Maschhoff
Office Address: 105 Bellamy Trail
Sebastian, Florida 32958
(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.

FILED
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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

☐ Chairman Name: Suze Dambreville Francois
☐ Vice Chairman Address: 353 N W Sheffield Circle
☐ Director Port Saint Lucie, FL. 34983
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Rose Vital
☐ Vice Chairman Address: 353 N W Sheffield Circle
☐ Director Port Saint Lucie, FL. 34983
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

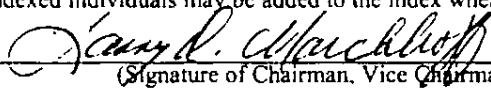
☐ Chairman Name: Larry D. Maschhoff
☐ Vice Chairman Address: 105 Bellamy Trail
☐ Director Sebastian, FL. 32958
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Julie Maschhoff
☐ Vice Chairman Address: 105 Bellamy Trail
☐ Director Sebastian, FL. 32958
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Glenda Curits
☐ Vice Chairman Address: 2103 Lee. St.
☒ Director Fayetteville, Ar. 72701
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Ryan Maschhoff
☐ Vice Chairman Address: 9020 106 Ave.
☒ Director Vero Beach, FL. 32967
☐ 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. Larry D. Maschhoff, Treasurer
(Typed or printed name and capacity of person signing application)

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: Terry Slemmer
☐ Vice Chairman Address: 7 Broad St.
☒ Director Stockton, NJ. 08559
☐ 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: _____

☐ 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. Larry D. Maschhoff, Treasurer
(Typed or printed name and capacity of person signing application)



**Arkansas Secretary of State
John Thurston**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

Certificate of Good Standing

I, John Thurston, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

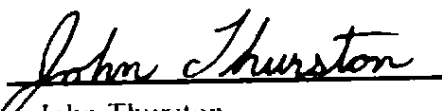
POTTER'S HANDS CHILDREN CENTER

authorized to transact business in the State of Arkansas as a Non-Profit Corporation, filed Articles of Incorporation in this office December 13, 2010.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 28th day of December 2019.


John Thurston
Secretary of State
Online Certificate Authorization Code: 204750354eac154
To verify the Authorization Code, visit sos.arkansas.gov



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For service of process contact the [Secretary of State's office](#).

Corporation Name	POTTER'S HANDS CHILDREN CENTER
Fictitious Names	
Filing #	800190175
Filing Type	Nonprofit Corporation
Filed under Act	Dom Nonprofit Corp; 1147 of 1993
Status	Good Standing
Principal Address	3109 STONE WAY BENTONVILLE, AR 72712
Reg. Agent	SUZE DAMBREVILLE FRANCOIS
Agent Address	3109 STONE WAY BENTONVILLE, AR 72712
Date Filed	12/13/2010
Officers	SUZE DAMBREVILLE FRANCOIS , Incorporator/Organizer SUZE DAMBREVILLE-FRANCOIS , President GLENDIA CURTIS , Secretary ROSE VITAL , Vice-President TERRY SLEMMER , Director LARRY MASCHHOFF , Treasurer ROSE VITAL , Director SUZE FRANCOIS , Director GLENDIA CURTIS , Director JULIE MASCHHOFF , Director RYAN MASCHHOFF , Director RYAN MASCHHOFF , Director THOMAS LAFLEUR , Incorporator/Organizer
Foreign Name	N/A
Foreign Address	
State of Origin	AR

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Standing for this Entity](#)

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