# Fa000001112

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Only



900339878859

01/31/20--01016--014 \*\*70.00



### 9.3.000 ### 9.3.000

### COVER LETTER

TO:	-	sistration Section vision of Corporations							
cupi	ECT.	The	The Refuge Enrichment Community Center Inc.						
SOBJ	ECT:_	<del></del>	Name of Corporation – must include suffix						
Dear S	ir or Ma	dam:							
Affairs	s in Flori	da", "Ce	ion by Foreign Not for Profir rtificate of Existence", or "C enced not for profit corporati	ertificate of	Status" and ch	eck are submitted to			
Please	return a	ll corresp	oondence concerning this ma	tter to the fo	ollowing:				
		Rose WI	nite						
			Name o	f Person		<del></del>			
		Wise Bu	siness Choices Inc						
			Firm/C	Company		·····			
		1535 Bla	anding Blvd #405						
						<del></del>			
			Ade	dress		<del></del>			
		Middleb	urg, FL 32068						
			City/State a	nd Zip Code	е				
		wisechoi	cesincorporated@gmail.com						
		E-r	nail address: (to be used for	future annua	il report notifica	ation)			
For fur	ther info	ormation	concerning this matter, plea	se call:					
Rose V	White		at (	352	247-5718				
		Name	of Person	Area Code	Daytime Te	lephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327			Street Address: Registration Section Division of Corporations The Centre of Tallahassee						
Tallahassee, FL 32314				2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclos	ed is a c	heck for	the following amount: le to: FLORIDA DEPARTME	ENT OF STA	Tr				
	0.00 Filir		□\$78.75 Filing Fee & Certificate of Status	□\$78.75 1	Filing Fee & ied Copy	☐\$87.50 Filing Fee, Certificate of Status & Certified Copy			



February 12, 2020

ROSE WHITE 1535 BLANDING BLVD #405 MIDDLEBURG, FL 32068

SUBJECT: THE REFUGE ENRICHMENT COMMUNITY CENTER INC.

Ref. Number: W20000014795

We have received your document for THE REFUGE ENRICHMENT COMMUNITY CENTER INC. and your check(s) totaling \$70.00. 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.

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.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 520A00003199

RECEIVED

FEB 2 6 2020

### '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:

~	e Enrichment Community Center Inc.	
nport in langua	ration: must include the word "INCORPORATE age as will clearly indicate that it is a corporation resent. "Company" or "Co." may not be used as	ED" or "CORPORATION" or words or abbreviations of like instead of a natural person or partnership if not so contained a corporate suffix by a nonprofit corporation.)
The Refuge C	Community Services Inc.	
(If name unava	silable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
M. A.C. II.		
North Carolin	a 3. ntry under the law of which it is incorporated)	47-4115925
(State or cour	ntry under the law of which it is incorporated)	(FEI number, if applicable)
March 9, 20	<u>16</u> 5.	(Date of duration, if other than perpetual)
(I	Date of Incorporation)	(Date of duration, if other than perpetual)
Date first cond	ucted affairs in Florida if prior to registration. See.	sections 617.1501 & 617.1502. F.S. to determine penalty liability.)
1769 Mt. Ca	irmel Church Road, Reidsville, NC 27320	
	(Principal offic	ce street address)
	<i></i>	address, if different)
	(Current maning	address, it different)
Community so	ervices, pantry, clothes closet, mentoring, coach	ing, training for re-hire
urpose(s) of	corporation authorized in home state or country	to be carried out in the state of Florida)
Nome and at-	ant address of Florida sociatored aponts (D.C.	Day NOT accomtable)
vame and <u>str</u>	eet address of Florida registered agent: (P.C	Box <u>NOT</u> acceptable)
	Dan Whia	
Name:	Rose White	
ice Address:	1535 Blanding Blvd, #405	
		32068
	(City)	, Florida (Zip Code) (Zip Code)
	· •	
	l agent's acceptance:	ं हे देवें १८ - क्य
ving been na	imed as registered agent and to accept serv	ice of process for the above stated corporation at the plac
ignatea in in ther agree to	us appucation, I nereby accept the appoint ocomply with the provisions of all statutes	ment as registered agent and agree to act in this capacity. relative to the proper and complete performance of my du
l I um famili	ar with and accept the obligations of my po	osition as registered agent.
_		
	Tare while	
	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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTOR				
<b>■</b> Chairman		□Chairman		
□ Vice Chairman	Address: 1535 Blanding Blvd #405	□Vice Chairman	Address: Harlem. GA 30814	
□Director	Middlehurg, FL 32068	■Director		
President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	<b>■</b> Secretary	□Treasurer	
□Other:	Other:	□Other:	Other:	
□ Chairman	Barbara Baker Name:	□Chairman	Name:	
□Vice Chairman	Address: 1769 Mt. Carmel Church Rd	■Vice Chairman	Address:	
Director	Reidsville, NC 27320	□Director	Middleburg, FL 32068	
□President		□President		
.□Vice President		□Vice President		
Secretary	<b>■</b> Treasurer	☐ Secretary	<b>■</b> Treasurer	
Other:	Other:	□Other:	Other:	
□Chairman	Jearlyn Dennie Name:	□ Chairman	Name:	
	5 Burland Place Address:		Address:	
■Director	Palm Coast, FL 32037	□Director		
□President		President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary	□Treasurer	
□Other:	Other:	□Other:	Other:	
	t Notice: Use an attachment to report more than six viduals may be added to the index when filing your (Signature of Chairman, Vice Chairman, or any of President	Florida Department of	of State Annual Report form.  12 of the application)	



## NORTH CAROLINA Department of the Secretary of State

#### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### THE REFUGE ENRICHMENT COMMUNITY CENTER, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 28th day of May, 2015, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Sean to verify online.

my hand and affixed my official seal at the City of Raleigh, this 21st day of February, 2020.

IN WITNESS WHEREOF, I have hereunto set

Secretary of State

6 laine I Marshall

Certification# 106374960-1 Reference# 15865193- Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification