

F20000002659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

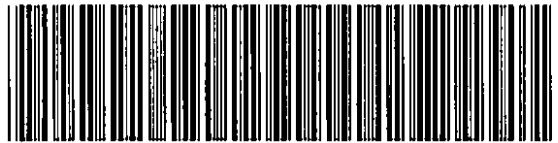
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

6/16 Received permission to list
William Burke as treasurer only.
"Clerk" is not available. LDC
Per Lovi Silva

Willie LDC

Office Use Only



200345415552

06/09/20--01014--015 **78.75

FILED
20 JUN -9 AM 2:26
JUN 9 2009
JUN 9 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL HANDS AND HEARTS SMART RESPONSE, 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:

WILLIAM BURKE

Name of Person

ALL HANDS AND HEARTS SMART RESPONSE, INC.

Firm/Company

6 COUNTY ROAD, STE 6

Address

MATTAPOISETT, MA 02739

City/State and Zip Code

LORI.S@ALLHANDSANDHEARTS.ORG

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

For further information concerning this matter, please call:

LORI SYLVIA

Name of Person

at (508)

Area Code

951-2562

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

FILED

20 JUN -9 AM 2:26

**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. ALL HANDS AND HEARTS SMART RESPONSE, 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. MASSACHUSETTS 3. 20-3414952
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/06/2005 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 05/31/2020
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 55 OCEAN LANE DRIVE, APT 4030, KEY BISCAVNE, FL 33149
(Principal office street address)

6 COUNTY ROAD, STE 6, MATTAPOISETT, MA 02739
(Current mailing address, if different)

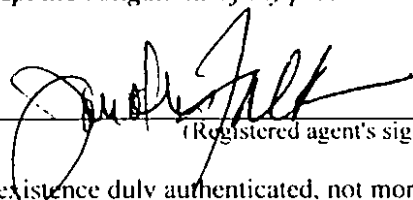
8. NONPROFIT ORGINAZATION PROVIDING DISASTER RELIEF
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Jonathan Falk
Office Address: 430 Timberwalk Ct., #1036
Ponte Vedra Beach, Florida 32082
(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
20 JUN -9 AM 2:26

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: David Campbell (co-chair)
6 County Road, STE 6
☐ Vice Chairman Address: Mattapoisett, MA 02739
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other: ☐ Other:

☐ Chairman Name: Erik Dyson
6 County Road, STE 6
☐ Vice Chairman Address: Mattapoisett, MA 02739
☒ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other: ☐ Other:

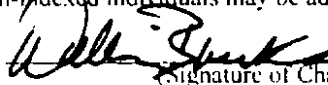
☐ Chairman Name:
☐ Vice Chairman Address:
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other: ☐ Other:

☒ Chairman Name: Petra Nemcova (co-chair)
6 County Road, STE 6
☐ Vice Chairman Address: Mattapoisett, MA 02739
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other: ☐ Other:

☐ Chairman Name: William Burke
6 County Road, STE 6
☐ Vice Chairman Address: Mattapoisett, MA 02739
☐ Director
☐ President
☐ Vice President
☐ Secretary ☒ Treasurer
☐ Other: ☐ Other:

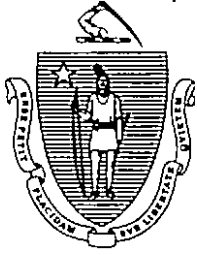
☐ Chairman Name:
☐ Vice Chairman Address:
☐ Director
☐ President
☐ Vice President
☐ Secretary ☐ Treasurer
☐ Other: ☐ Other:

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. William Burke, CFO
(Typed or printed name and capacity of person signing application)

FILED
20 JUN -9 AM 2:26



The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

William Francis Galvin
Secretary of the
Commonwealth

May 11, 2020

TO WHOM IT MAY CONCERN:

I hereby certify that

HANDSONWORLDWIDE, INC.

appears by the records of this office to have been incorporated under the General Laws of this Commonwealth on **September 6, 2005 (Chapter 180)**.

I also certify that by Articles of Amendment filed here **August 26, 2010**, the name of said corporation was changed to

ALL HANDS VOLUNTEERS, INC.

I further certify that by Articles of Amendment filed here **November 10, 2017**, the name of said corporation was changed to

ALL HANDS AND HEARTS SMART RESPONSE, INC.

I also certify that so far as appears of record here, said corporation still has legal existence.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

June 16