

F20000003493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

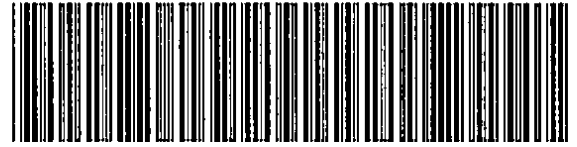
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Ms. Theodora gave
Permission to Add Address
to Application 8/12/20
45

W20000079786

Office Use Only



200347724402

07/20/20--01011--015 4487.50

RECEIVED

JUL 14 2020

FILED
2020 AUG 10 PM 3:12
TALLAHASSEE, FLORIDA

45
8/12/20 ✓



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2020

THEODORA IHEJIRIKA
4021 GLISSADE DR.
NEW PORT RICHEY, FL 34652

SUBJECT: WINGS OF MERCY, INC.
Ref. Number: W20000079786

We have received your document for WINGS OF MERCY, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE MAKE THE APPLICATION MORE LEGIBLE,

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.

Yvette Scott
Document Specialist II

Letter Number: 620A00014012

RECEIVED

AUG 10 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WINGS OF MERCY 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:

THEODORA IHEJIRIKA
Name of Person

WINGS OF MERCY INC
Firm/Company

4021 GLISSADE DRIVE
Address

NEWPORT RICHEY FL 34652
City/State and Zip Code

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

For further information concerning this matter, please call:

THEODORA IHEJIRIKA (708) 845-2733
Name of Person 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**

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input checked="" 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. WINGS OF MERCY INCORPORATED
(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. ILLINOIS 3. 30-0417627
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JULY 29TH 2005 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 4021 Glissade Dr. New Port Richey FL 34652
(Principal office street address)

(Current mailing address, if different)

8. TO PROVIDE EDUCATION ASSISTANCE AND CHARITABLE SERVICES TO
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) HOMELESS CHILDREN & CHILDREN WITH NO PARENT
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: THEODORA THEJIRIKA

Office Address: 4021 GLISSADE DR
NEWPORT RICHEY, Florida 34652
(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.

Theodora Thejirika
(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. DIRECTORS

<input checked="" type="checkbox"/> Chairman	Name: <u>THEODORA THEJIRIK</u>	<input type="checkbox"/> Chairman	Name: <u>STANISLAUS THEJIRIK</u>
<input type="checkbox"/> Vice Chairman	Address: <u>4821 GLISSADE DR</u>	<input type="checkbox"/> Vice Chairman	Address: <u>14730 E. RIVERSIDE L</u>
<input type="checkbox"/> Director	<u>NEWPORT RICHEY</u>	<input type="checkbox"/> Director	<u>SOUTH HOLLAND</u>
<input type="checkbox"/> President	<u>FL 34652</u>	<input checked="" type="checkbox"/> President	<u>IL 60473</u>
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Chairman	Name: <u>CHRISTOPHER THEJIRIK</u>	<input type="checkbox"/> Chairman	Name: <u>ROSEMARY FLEVIAN</u>
<input checked="" type="checkbox"/> Vice Chairman	Address: <u>14730 E. RIVERSIDE DR</u>	<input type="checkbox"/> Vice Chairman	Address: <u>2612 N. LINCOLN TRAIL</u>
<input type="checkbox"/> Director	<u>SOUTH HOLLAND</u>	<input checked="" type="checkbox"/> Director	<u>SMYRNA GA 30080</u>
<input type="checkbox"/> President	<u>IL 60473</u>	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Chairman	Name: <u>CHIDIAMA NWATURUOCHA</u>	<input type="checkbox"/> Chairman	Name: <u>SIDNEY THEJIRIK</u>
<input type="checkbox"/> Vice Chairman	Address: <u>1650 W. 57TH AVE</u>	<input type="checkbox"/> Vice Chairman	Address: <u>2690 DREW ST.</u>
<input type="checkbox"/> Director	<u>MERRILLVILLE INDIANA</u>	<input type="checkbox"/> Director	<u>APT # 708</u>
<input type="checkbox"/> President	<u>46410</u>	<input type="checkbox"/> President	<u>CLEARWATER,</u>
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	<u>FL 33759</u>
<input checked="" type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input checked="" type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> 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. Theodora Thejirika
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. THEODORA THEJIRIKA
(Typed or printed name and capacity of person signing application)



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

WINGS OF MERCY, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JULY 29, 2005, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 7TH
day of AUGUST A.D. 2020 .

Jesse White

SECRETARY OF STATE