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NOV 0 9 2021 K. Brumbley

### **COVER LETTER**

SUBJECT: V.O.I.C.E.S. AGAINS Name of Corporation	n – must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Not for Profit Affairs in Florida". "Certificate of Existence", or "Ceregister the above referenced not for profit corporation."	rtificate of Status" and check are submitted to
Please return all correspondence concerning this matter	ter to the following:
Christy Hinne Name of	Person
V.D.I.C.F.S. Agains	A Sexual Assault Inc.
7423 Paradisa D	
Apollo Beach, F City/State an	
Voices against sak E-mail address: (to be used for fi	Iture annual report notification)
For further information concerning this matter, please	e call:
Christy Honart at (5)	350 ) 240 · 8744 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  \$\Boxed{\subseteq}\$ \$70.00 Filing Fee \$\Boxed{\subseteq}\$ Certificate of Status	NT OF STATE  □\$78.75 Filing Fee & □\$87.50 Filing Fee,  Certified Copy 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:

(If name unava	ailable in Florida, enter alter	nate corporate nam	e adopted for the purp	pose of transacting	business in Florida)
				_	
2. North	COCOLOGO ntry under the law of which	it is incorporated)	<u>84-311</u>	number if applica	ые
<u>عد عد .</u> ا)	Otember 2019 Date of Incorporation)	3	(Date of c	duration, if other th	nan perpetual)
6					
(Date first cond	ucted affairs in Florida if pric	or to registration. See	sections 617.1501 &	617.1502, F.S. to d	etermine penalty liability.)
7. 7623	Paradiso Dr	we as	115 Beach	FL 33	572
		( Thicipal ( )	nee <u>savees</u> tadaes,asy		
-		(Current mailing	address, if different)	· · · · · · · · · · · · · · · · · · ·	
		(	,,		
8. <u>V.O.1.C.E</u> (Purpose(s) of Exec	torporation authorized in he was assessed in he	Profit Compression of the Compre	rporation out in il	he state of Florida	Services to
9. Name and str	<u>eet address</u> of Florida reg	istered agent: (P.0	O. Box <u>NOT</u> accept	able)	<b>121 )</b>
Name	Inc Authority 390 North Ora	RA			API API
Office Address:	390 North Ora	nge Ave.,	Ste 2300-N	J	TARS I FAR
	Orlando		Florida 328	301-1684	NE STATE
	(City)			(Zip Code)	
10. Registered	agent's acceptance:				S)
Having been no designated in th further agree to and I am famili	med as registered agent is application, I hereby of comply with the provision ar with and accept the ol	and to accept ser accept the appoin ons of all statutes bligations of my p	vice of process for t tment as registered relative to the prop position as registere	the above stated agent and agree per and complete ad agent.	APPROVED  AND FILED  SECRETARIOS STATE Corporation at the place to act in this capacity. I performance of my dutie
		J.s.			

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	as .		
□Chairman	Name: Christy Huncont	□Chai <del>r</del> man	Name: <u>Jeone Hinnant</u>
□Vice Chairman	Address: 7623 Paracha Dr.	□Vice Chairman	Address: 7623 Parachoo Dr
#Director	Apollo Beach FL 33572	Director	Apollo Beach, FL 335572
□President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other:	Other:	□Other:	Other:
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President	<del></del>	□Vice President	
☐ Secretary	Treasurer	☐ Secretary	□Treasurer
□Other:	Other:	□Other:	Other:
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	1-
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	Treasurer
□Other:	Other:	□Other:	□Other:
Non-indexed indiv	t Notice: Use an attachment to report more than six viduals may be added to the index when filing your the state of Chairman, Vice Chairman, or any off	Florida Department icer listed in number	of State Annual Report form.
14. <u>C/</u>	(Typed or printed name and capacity of pe	rson signing applica	ion)



## 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

#### V.O.I.C.E.S. AGAINST SEXUAL ASSAULT

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 26th day of September, 2019, 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.





Scan to verify online.

Elaine J. Marshall

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 1st day of November, 2021.

Secretary of State

Certification# 111460184-1 Reference# 17851587- Page: 1 of 1 Verify this certificate online at https://www.sosnc.gov/verification