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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

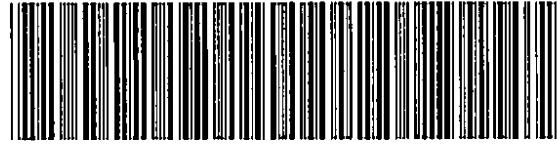
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2023 Sep 16 PM 2:47

S. ROBERTS

SEP 16 2023

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Nicole's Hope, 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:

Lisa A. Lee

Name of Person

Nicole's Hope, Inc.

Firm/Company

6145 Singh Ln

6145 Singh Ln

Address

the Villages, Florida 32163

City/State and Zip Code

nicoleshope@yahoo.com

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

For further information concerning this matter, please call:

Lisa A. Lee

at ( 518 ) 312-3958

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**

☐ \$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. Nicole's Hope, 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. New York 3. 5492146  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/11/2019 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. 6145 Singh Ln, The Villages, FL 32163  
(Principal office street address)

(Current mailing address, if different)

8. to continue to help children and their families undergoing treatment for cancer and other blood disorders  
(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: Lisa A. Lee

Office Address: 6145 Singh Ln

The Villages, Florida 32163  
(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.*

Lisa A. Lee  
(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.

2022 SEP 16 PM 2:16

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: Lisa Lee  
☐ Vice Chairman Address: 6145 Singh Ln  
☐ Director The Villages, Fl 32163  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Greg Lee  
☐ Vice Chairman Address: 950 North Kings Rd  
☐ Director West Hollywood, Ca. 90069  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other: Media/Marketing ☐ Other: \_\_\_\_\_

☐ Chairman Name: Jeffrey Lee  
☐ Vice Chairman Address: 50 Dey Street  
☐ Director Jersey City, NJ 07306  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Mariesa Caliguire  
☐ Vice Chairman Address: 562 Englemore Road  
☐ Director Clifton Park, NY 12065  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other: Board Member ☐ Other: \_\_\_\_\_

☐ Chairman Name: Richard Derbyshire  
☐ Vice Chairman Address: 6145 Singh Ln  
☐ Director The Villages, Fl 32163  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: Board Member ☐ Other: \_\_\_\_\_

☐ Chairman Name: Peggy Daviero  
☐ Vice Chairman Address: 2713 Barton Ave  
☐ Director Schenectady, NY 12306  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: Board Member ☐ 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]  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Lisa A. Lee, President  
(Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: NICOLE'S HOPE, INC.  
DOS ID Number: 5492146  
Entity Type: DOMESTIC NOT-FOR-PROFIT CORPORATION  
Entity Status: EXISTING  
Date of Initial Filing with DOS: 02/11/2019

No information is available from this office regarding the financial condition, business activity or practices of this entity.

WITNESS my hand and official seal of the Department of State,  
at the City of Albany, on September 06, 2022 at 03:22 P.M.

ROBERT J. RODRIGUEZ, Secretary of State



*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State