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#### **COVER LETTER**

|                                       | Registration Section Division of Corporations  | ·   |   |  |  |
|---------------------------------------|--|---|---|--|--|
| CHDIE                                 | ECT: Token of Hope Foundation, Inc.  |   |   |  |  |
| SUDJE                                 | Name of Corporation –  | must include suffix                       |   |  |  |
| Dear Si                               | r or Madam:  |   |   |  |  |
| Affairs                               | losed "Application by Foreign Not for Profit Coin Florida", "Certificate of Existence", or "Certificate above referenced not for profit corporation to | icate of Status" and che                  | eck are submitted to                      |  |  |
| Please r                              | eturn all correspondence concerning this matter t  | to the following:                         | 2022 NOV 14 PH 2: 02                      |  |  |
|                                       | Evelyn Curry   |   |   |  |  |
|                                       | Name of Per  | rson                                      |   |  |  |
|                                       | The Token of Hope Foundation, Inc.   |   |   |  |  |
|                                       | Firm/Comp  |   |   |  |  |
|                                       | rungcomp   | 12  |   |  |  |
|                                       | 5405 Winhawk Way   |   |   |  |  |
|                                       | Address  | 3   |   |  |  |
| Lutz. FL 33558                        |  |   | RECEIVED                                  |  |  |
|                                       | City/State and Z   | ip Code                                   | NOV 1 4 2021                              |  |  |
|                                       | tokenothope1@gmail.com   |   |   |  |  |
|                                       | E-mail address: (to be used for futur  | e annual report notifica                  | ation)                                    |  |  |
| For furt                              | her information concerning this matter, please ca  | ill: ·                                    |   |  |  |
| Louis C                               | Curry 217  | 6916842                                   |   |  |  |
|                                       | Name of Person Area  | a Code Daytime Tel                        | ephone Number                             |  |  |
| Mailing Address: Registration Section |  | Street Address: Registration Section      |   |  |  |
|                                       | Division of Corporations   | Division of Corporations                  |   |  |  |
| P.O. Box 6327 The Centre of Ta        |  |   |   |  |  |
|                                       | Tallahassee, FL 32314  | 2415 N. Monroe Str<br>Tallahassee, FL 323 | ·   |  |  |
|                                       | ed is a check for the following amount: hake check payable to: FLORIDA DEPARTMENT  | OF STATE                                  |   |  |  |
|                                       | 00 Filing Fee □\$78.75 Filing Fee & ■  | \$78.75 Filing Fee &                      | □\$87.50 Filing Fee,                      |  |  |
|                                       | Certificate of Status  | Certified Copy                            | Certificate of Status &<br>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 alternate corp | orate name adopted for the purpose of transacting business in Florida)  |
|----------------|--|---|
| Illinois       |  | 3.  |
| (State or cou  | ntry under the law of which it is inco   | porated) (FEI number, if applicable)  |
| November 9, 2  | 2017                                     | 5   |
| (1             | Date of Incorporation)                   | 5. (Date of duration, if other than perpetual)  |
|                |  | tration. See sections 617,1501 & 617,1502, F.S. to determine penalty liability.   |
| •              |  |   |
| 5405 Winhawl   | c Way, Lutz, FL 33558 (Pr                |   |
|                | (1'1                                     | ncipal office street address)   |
|                |  | •   |
|                | (Curro                                   | than mailing address, if different)  than it mailing address, if different it mailing address are all address and address are all address and address are all address are all address and address are all address are |
|                |  |   |
| Our purpose is | to enrich our communities through        | haritable outreach.  or country to be carried out in the state of Florida)  |
| (Purpose(s) of | corporation authorized in home state     | or country to be carried out in the state of Florida)   |
| Marsu and etr  | ant addrage of Florida majetared         | gent: (P.O. Box NOT acceptable)   |
|                | <del>-</del>                             |   |
| Namer          | Evelyn Curry                             |   |
| fice Address:  | 5405 Winhawk Way                         |   |
|                | Lutz                                     | Florida 33558 (Zip Code)  |
|                | (City)                                   | . (Zip Code)  |

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. DURECTOR  Chairman | Evelyn Curry Name:  | □ Chairman                               | Name:         |                  |             |  |  |
|-----------------------|---|--|---------------|------------------|-------------|--|--|
| □Vice Chairman        | 5405 Winhawk Way  | □Vice Chairman Address: 216 Parktrail Rd |               |                  |             |  |  |
| □Director             | Lutz. FL 33558  | FL 33558                                 |               | Normal, IL 61761 |             |  |  |
| President             |   | □President                               |               |                  |             |  |  |
| □Vice President       |   | □Vice President                          |               |                  |             |  |  |
| Secretary             | Treasurer   | <b>■</b> Secretary                       |               | □Treasurer       |             |  |  |
| Other:                | Other:  | □Other:                                  | <u>.</u>      | □Other:          |             |  |  |
| □Chairman             | Name:   | □Chairman                                | Name:         | ·                |             |  |  |
| □Vice Chairman        | Address:  | □Vice Chairman                           | Address:      |                  |             |  |  |
| <b>■</b> Director     | Lutz, FL 33558  | Director                                 |               |                  | 770.7       |  |  |
| □President            |   | □President                               |               |                  | 11          |  |  |
| □Vice President       |   | □Vice President                          |               | <u></u>          | 15 F        |  |  |
| □Secretary            | □Treasurer  | Secretary                                |               | □Treasurer       | 100 K       |  |  |
| Other:                | Other:  | □Other:                                  | <del></del>   | □Other:          |             |  |  |
| □Chairman             | Ricardo Chatmon   | □Chairman                                | Name:         |                  |             |  |  |
| □ Vice Chairman       | 216 Parktrail Rd  | □Vice Chairman                           | ,             |                  |             |  |  |
| Director              | Normal, IL 61761  | Director                                 |               |                  |             |  |  |
| □President            |   | President                                |               |                  |             |  |  |
| □Vice President       |   | □Vice President                          |               | <del></del>      |             |  |  |
| □Secretary            | <b>⊞</b> Treasurer  | ☐ Secretary                              |               | Treasurer        |             |  |  |
| Other:                | ☐ Other:  | []Other:                                 |               | □Other:          |             |  |  |
| Non-indexed indi      | nt Notice: Use an attachment to report more than sold viduals may be added to the index when filing you | ur Florida Department o                  | of State Annu | al Report form.  | poses only. |  |  |
| 13                    | (Signature of Chairman, Vice Chairman, or any   |  |               |                  |             |  |  |
| 14.                   | (Typed or printed name and capacity of  | person signing applicat                  | ion)          |                  |             |  |  |

#### File Number

7142-574-6



### 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

TOKEN OF HOPE FOUNDATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 09, 2017, 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 17TH day of OCTOBER A.D. 2022.

Authentication #: 2229002118 verifiable until 10/17/2023

Authenticate at: https://www.ilsos.gov

Isse White

SECRETARY OF STATE



#### Token of Hope Foundation

5405 Winhawk Way, Lutz, FL 33558 Tokenofhope1@gmail.com

11/7/2022

Florida Department of State

Division of Corporations

ATTN: Mel Solomon, Senior Section Admin.

RE: Letter Number 022A00024513

Please accept my sincerest apologies for the mix up with our recent request for our Non-Profit. It was my intent to file the Foreign Non-Profit paperwork, and not an application for a Florida Non-Profit. As such, please release the non-profit name for use in our Foreign filing. We received confirmation that our state filing was returned on 10/17 and we have abandoned that filing.

Please contact me with any additional questions.

Reference Number: W22000137693

Evelyn Curry, President

Token of Hope Foundation

Phone: (217) 691-0400



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 1, 2022

EVELYN CURRY TOKEN OF HOPE FOUNDATION, INC. 5405 WINHAWK WAY LUTZ, FL 33558

SUBJECT: TOKEN OF HOPE FOUNDATION, INC.

Ref. Number: W22000137693

We have received your document for TOKEN OF HOPE FOUNDATION, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There appears to be a Florida Non-profit corporation filed online with the same name and same officers/directors. This filing was rejected as requested. However, this is an "active" rejection. Please send to my attention a signed letter stating that the intention was to file the Foreign Non Profit and not the Florida Non profit to release the name to use for this foreign filing.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 022A00024513

Mel Solomon Senior Section Administrator

www.sunbiz.org