# 723000001495

(Re	equestor's Name)			
(Address)				
(Address)				
(Ci	ty/State/Zip/Phone #	<del>f</del> )		
PICK-UP	☐ WAIT	MAIL		
(Bi	usiness Entity Name	<u> </u>		
(Document Number)				
Certified Copies	_ Certificates o	of Status		
Special Instructions to Filing Officer:				

Office Use Only



100403902791

2023 MAR 14 PH 2: 45

## Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

### **ORDER FORM**

**TO** Florida Department of State

FROM Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

850.656.7953

corphelp@dos.myflorida.com

850-245-6051

**REQUEST DATE** 03/14/2023

**PRIORITY** Routine

OUR REF # (Order ID#) Kaitlyn

**ORDER ENTITY** 

**REASON FOR HOPE, INC.** 

#### PLEASE PERFORM THE FOLLOWING SERVICES:

**REASON FOR HOPE, INC.** 

Please file the attached qualification.

#### **NOTES:**

\$70.00 Authorized

#### **RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

# 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	ilable in Florida, enter alternate corr	porate name adopted for the purpose of transacting business in Florida)
(II Hame unava	nable in Florida, enter alternate corp	, or the state of
New York		3 87-2435191 (FEI number, if applicable)
August 17, 202	11	5. (Date of duration, if other than perpetual)
March 1, 2023	k	stration. See sections 617.1501 & 617.1502, F.S. to determine penalty liabil
3201 NE 183rd	Street, Unit 702, Aventura, FL 331	60
	(Pr	incipal office street address)
235 F 49th St	Apt 10E, New York, NY 10017	
233 2: 1711 51;	(Curre	ent mailing address, if different)
		·- *
To combat nul	lic mental health crisis by advocatin	ou for and facilitating adoption of psychodelic-assisted therapy
(Purpose(s) of o	orporation authorized in home state	or country to be carried out in the state of Florida)
•	•	,
Name and stre	et address of Florida registered :	agent; (P.O. Box NOT acceptable)
	_	agent; (P.O. Box NOT acceptable)
	_	agent; (P.O. Box NOT acceptable)
	Evan H. Ratner 3201 NE 183rd Street, Unit 702	agent; (P.O. Box NOT acceptable)
	Evan H. Ratner 3201 NE 183rd Street, Unit 702	agent; (P.O. Box NOT acceptable)
	Evan H. Ratner 3201 NE 183rd Street, Unit 702	agent; (P.O. Box NOT acceptable)
Name: ffice Address;	Evan H. Ratner 3201 NE 183rd Street, Unit 702 Aventura (City)	agent; (P.O. Box NOT acceptable)
Name: fice Address:  O. Registered awing been na	Evan H. Ratner  3201 NE 183rd Street, Unit 702  Aventura  (City)  agent's acceptance: med as registered agent and to a	
Name: fice Address:  O. Registered twing been nasignated in the	Evan H. Ratner  3201 NE 183rd Street, Unit 702  Aventura  (City)  agent's acceptance: med as registered agent and to a is application. I hereby accept the	
Name: fice Address:  O. Registered twing been nasignated in the	Evan H. Ratner  3201 NE 183rd Street, Unit 702  Aventura  (City)  agent's acceptance: med as registered agent and to a is application. I hereby accept the	

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	Brett Waters	ПСЬ::—	Haley M. Waters
Chairman	Name:		Name:
☐ Vice Chairman	Address: New York, NY 10017	_ □Vice Chairman	Address:New York, NY 10017
<b>∃</b> Director	TOW TOR, IV 19917	∃Director	
<b>≅</b> President		□President	
□Vice President		□ Vice President	
Secretary	<b>■</b> Treasurer	<b>■</b> Secretary	□Treasurer
□Other:	Other:	□Other:	Other:
□ Chairman	Julie Waters Name:	_ □ Chairman	Name:
□Vice Chairman	Address: 4359 Clayton Avenue	□Vice Chairman	Address:
■Director	Los Angeles, CA 90027	Director	
☐ 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		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
Other:	Other:	□Other:	Other:
Non-indexed indiv	t Notice: Use an attachment to report more the viduals may be added to the index when filing (Signature of Chairman, Vice Chairman, or staters, Secretary	g your Florida Department o	f State Annual Report form.
• • • • • • • • • • • • • • • • • • • •	(Typed or printed name and capacity	v of nerson signing applicati	on)

#### 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:** 

REASON FOR HOPE, INC.

DOS 1D Number:

6269209

Entity Type:

DOMESTIC NOT-FOR-PROFIT CORPORATION

**Entity Status:** 

EXISTING

Date of Initial Filing with DOS:

08/17/2021

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 March 14, 2023 at 12:43 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Higher

By Brendan C. Hughes

Executive Deputy Secretary of State

Authentication Number: 100003132074 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>