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(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
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Certified Copies Certificates of Status							
Consider the state of Filling Officer							
Special Instructions to Filing Officer.							

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COVER LETTER

TO:	Division of Corporations	
SHRI	ECT: DREAM CATCHERS COMMUNITY DEVELOPMENT CORPORATION	
SOD	Name of Corporation – must include suffix	
Dear S	Sir or Madam:	
Affair	relosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to it the above referenced not for profit corporation to conduct its affairs in Florida.	
Please	return all correspondence concerning this matter to the following:	
	DOROTHY A BROWN COOK	
	Name of Person	
	DREAM CATCHERS COMMUNITY DEVELOPMENT CORPORATION	
	Firm/Company:	
	CTOO SOUTH OCE PEDW AMENIE CHUTE OO?	
	6700 SOUTH OGLESBY AVENUE, SUITE 903 Address	
	 ۰۰	
	CHICAGO, ILLINOIS 60649	1
	City/State and Zip Code	
	BROWNCOOKLAWGROUP@GMAIL.COM	
	E-mail address: (to be used for future annual report notification)	
For fu	rther information concerning this matter, please call:	
DOR	OTHY A BROWN COOK 312 780-9414	
	Name of Person at () Area Code Daytime Telephone Number	
	Mailing Address: Registration Section Street Address: Registration Section	
	Division of Corporations Division of Corporations	
	P.O. Box 6327 The Centre of Tallahassee	
	Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	sed is a check for the following amount:	
	make check payable to: FLORIDA DEPARTMENT OF STATE 0.00 Filing Fee \$ \$\Bigsis \text{\$\Pi\$}\$87.50 Filing Fee \$\$\$\$ \$\Bigsis \text{\$\Pi\$}\$87.50 Filing Fee.	
•	Certificate of Status Certified Copy Certificate of Statu Certified Copy	ıs &

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:

	TCHERS COMMUNITY DEVELOPMEN			
(Name of corpo import in langua in the name at p	ration: must include the word "INCORPORIGE as will clearly indicate that it is a corporesent. "Company" or "Co." may not be us	RATED" or "CORPORATION" or words or abbrevial or attention instead of a natural person or partnership if noted as a corporate suffix by a nonprofit corporation.)	itions of like it so contained	
N/A				
(If name unava	illable in Florida, enter alternate corporate	name adopted for the purpose of transacting business	in Florida)	
ILLINOIS		27-2411598		
(State or cou	ntry under the law of which it is incorporate	3. 27-2411598 (FEI number, if applicable)		
		ε N/Λ		
(1	10 Pate of Incorporation)	5. N/A (Date of duration, if other than perpe	etual)	
N/A				
Date first cond	acted affairs in Florida if prior to registration	. See sections 617.1501 & 617.1502, F.S. to determine	penalty liability.)	
8816 SOUTH	CONSTANCE AVENUE, CHICAGO, ILI	LINOIS 60617		
	(Principal	office street address)		
7500 001 VIVI	VII DANA AMBUR NIHATI AAS CIMO	4.00 H L INOIC 20240		
6700 SOUTH (OGLESBY AVENUE, SUITE 903, CHICA	Hing address, if different)		
Deve	log Youth Pri	THE STATE OF THE STATE OF Florida)		
(r urpose(s) or o	corporation authorized in nome state of cou	intry to be carried out in the state of Problem	. `	
. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)				
		·	.	
Name:	BENTON COOK III		. 1	
	1903 W OAK AVENUE	*****		
	PLANT CITY	Florida 33563 (Zip Code)		
	(City)	(Zip Code)		
aving been na signated in th	is application. I hereby accept the app	service of process for the above stated corpora pointment as registered agent and agree to act i utes relative to the proper and complete perform my position as registered agent.	n this capacity.	
	MA (Registi	ered 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

Chairman Name:

DVice Chairman Address:

| Occupant | Occupant

■ Chairman	Name:	□Chairman	Name:	·
□Vice Chairman	Address:	□Vice Chairman	Address:	
■Director	PLANT CITY, FLORIDA 33563	□Director		
■ President		□President		
□Vice President		□Vice President		···
■ Secretary	Treasurer	☐ Secretary		□Treasurer
□Other:	Other:	□Other:		□Other:
□ Chairman ■ Vice Chairman ■ Director	Name: DOROTHY A BROWN COOK Address: 6700 S OGLESBY AVENUE SUITE 903	□Chairman □Vice Chairman □Director	Address:	
□President	CHICAGO, ILLINOIS 60649	□President		, ,
■Vice President		□Vice President		·
☐ Secretary	Treasurer	□Secretary		☐Treasurer
□Other:	Other:	Other:		Other:
□Chairman □Vice Chairman	Name: DWIGHT WALKER Address: 6700 S OGLESBY AVE Su. L. 1964			
■Director	CHICAGO, ILLINOIS 60649	Director		
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary		Treasurer
Other:	☐ Other:	□Other:		□Other:
Non-indexed indiv	t Nortee: Use an attachment to report more than six a product smay be added to the index when filing your land the control of the chairman vice chairman, or any office. A. BROWN COOK, VICE CHAIRMAN (Typed or printed name and capacity of per-	Florida Department of	of State Annua	l Report form.

File Number

6715-979-9



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, 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

DREAM CATCHERS COMMUNITY DEVELOPMENT CORPORATION, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 22, 2010, 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 23RD day of MARCH A.D. 2023 .

Authentication #: 2308204328 verifiable until 03/23/2024 Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE