

F24000004843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

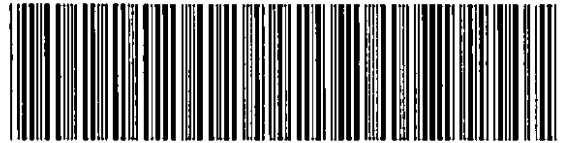
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600436310136

RECEIVED  
2024 SEP 16 AM 10:58  
TALLAHASSEE, FLORIDA

SEP 13 2024

K. Brumley

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** End Poverty Now, 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:

SCOTT HUTCHISON

\_\_\_\_\_  
Name of Person

END POVERTY NOW, INC.

\_\_\_\_\_  
Firm/Company

5400 W SIENNA LANE #1206

\_\_\_\_\_  
Address

PEORIA, IL. 61615

\_\_\_\_\_  
City/State and Zip Code

SHUTCHISON77@GMAIL.COM

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

For further information concerning this matter, please call:

STEVEN HUTCHISON

\_\_\_\_\_  
Name of Person

at ( 414 )  
Area Code

405-7586

\_\_\_\_\_  
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. END POVERTY NOW, 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. OHIO 3. 46-5623870  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10-30-15 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1030 HUGO ST, MAUMEE, OH 43537  
(Principal office street address)

(Current mailing address, if different)

8. REAL ESTATE TRANSACTIONS  
(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: Registered Agents Inc.

Office Address: 7901 4th St. N, Ste 300

St Petersburg, Florida 33072  
(City) (Zip Code)

2024 SEP 16 AM 11:10

**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.*



(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.

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: SCOTT HUTCHISON  
☐ Vice Chairman Address: 1030 HUGO STREET  
☐ Director MAUMEE, OH 43537  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: ANDRE ARRINGTON  
☐ Vice Chairman Address: 1030 HUGO STREET  
☐ Director MAUMEE, OH 43537  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: LAVARIO SMITH  
☐ Vice Chairman Address: 1030  
☐ Director MAUMEE, OH 43537  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ 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. Scott Hutchison  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. SCOTT HUTCHISON PRESIDENT  
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show END POVERTY NOW, INC., an Ohio not for profit corporation, Charter No. 2292355, having its principal location in Toledo, County of Lucas, was incorporated on May 5, 2014 and is currently in GOOD STANDING upon the records of this office.*



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 12th day of September, A.D. 2024.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

**Ohio Secretary of State**

**Validation Number: 202425605108**



# END POVERTY NOW, INC.

Let's put an end to poverty world-wide.

## Corporate Resolution

The Board of Directors of End Poverty Now, Inc. a nonprofit corporation organized in the State of Ohio, has resolved on 9-12-24 the following:

B. The Board has met on 9-12-24 with a quorum present and voting.

C. This decision does not violate the By-Laws or Articles of Incorporation.

D. The Board has determined that it is in the best interest of End Poverty Now, Inc. for Natalie Gaymon to register End Poverty Now, Inc. as a business entity doing business in Florida.

E. The officers, executive director, manager, and their agents, including but not limited to Steve Hutchison and Natalie Gaymon are authorized, empowered and directed to sign any paperwork to effect Paragraph D above.

F. The officers, manager, and executive director of End Poverty Now, Inc. are authorized to take whatever action deemed necessary to execute the sale of this asset.

G. Any one officer or appointee of End Poverty Now, Inc. is authorized to sign any or all documents and perform such acts as may be necessary or desirable to give effect to the above Resolution. Specifically, those listed in Paragraph D are hereby authorized to sign any other document needed to effect this transaction.

In witness whereof, I have executed this instrument this 12th day of Sept,  
2024.

Principal's Signature Scott Hutchison

Print Name Scott Hutchison as President of End Poverty Now, Inc.