

F9500000586

TRANSMITTAL LETTER

TO: QUALIFICATION/REGISTRATION SECTION
DIVISION OF CORPORATIONS

7000001 3889187
-01/25/85--01044--011
*****70.00 *****70.00

SUBJECT: "Holidays For The Homeless Foundation"
(Name of corporation)

Dear Sir or Madam:

The enclosed "Application by Foreign Not For Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign nonprofit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Michael Tremain
(Name of Person)
Holidays For The Homeless Foundation
(Firm/Company)
11500 Westwood Blvd. Suite 328
(Address)
Orlando, Florida 32821
(City, State and Zip Code)

95/3
95 FEB - 3 14 10: 09
SECRETARY OF STATE
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Michael Tremain at (407) 827-7316
(Name of Person) Area Code & Daytime Telephone Number

COURIER ADDRESS:

Qualification/Registration Sec.
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Registration Sec.
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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 AUTHORIZA-
TION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Holidays For The Homeless Foundation, Inc
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbrevia-
tions 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.)

2. Delaware 3. N/A
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12-09-94 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date corporation first conducted affairs in Florida -
See sections 617.1501, 617.1502, and 817.155, F.S.)

7. 11500 Westwood Blvd. Suite 328
Orlando, FL 32821
(Current mailing address)

8. Business Bank Account
(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:

Michael Tremaine
(Name)

11500 Westwood Blvd. Suite 328
(Office address)

Orlando, FL, Florida, 32821
(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.

Michael S. Tremaine
(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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
55 FEB - 3 PM 10:10

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Michael Tremain

Address: 11500 Westwood Blvd. Suite 328
Orlando, Florida 32821

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Michael S. Tremain
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Michael S. Tremain - Chairman
(Typed or printed name and capacity of person signing application)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 AM 10:10

State of Delaware
Office of the Secretary of State PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HOLIDAYS FOR THE HOMELESS FOUNDATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 1994.

FILED
SECRETARY OF STATE
DIVISION OF RECORDS
55 FEB -3 7:10:10



Edward J. Freel

Edward J. Freel, Secretary of State

ATTESTATION:

EXH

2458354 8300

944251174

7354982

12-28-94