

Document Number Only

F96000002907

CT CORPORATION SYSTEM

Requestor's Name
660 East Jefferson Street

Address
Tallahassee, FL 32301 222-1092

City State Zip Phone

800001858888
-06/06/96--01068--020
****70.00 ****70.00

CORPORATION(S) NAME

W96-12030

NON-PROFIT

Hugs Not Drugs Foundation

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DIVISION OF CORPORATIONS
96 JUN 1 PM 1:24

- Profit
- NonProfit
- Limited Liability Co.
- Foreign
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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 6, 1996

CT CORPORATION SYSTEM

SUBJECT: HUGS NOT DRUGS FOUNDATION INC.
Ref. Number: W96000012038

Walk-In
Pick-up
4/11/96

We have received your document for HUGS NOT DRUGS FOUNDATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6958.

Lee Rivers
Document Examiner

Letter Number: 396A00028371

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**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. HUGS NOT DRUGS FOUNDATION 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.)

2. Delaware
(State or country under the laws of which it is incorporated)

3. 4/21/92
(Date of Incorporation)

4. perpetual
(Duration)

5. Applied For
(Federal Employer Identification number, if applicable)

6. upon qualification
(Date corporation first conducted affairs in Florida. See sections 617.1501, 617.1502, and 617.155, F.S.)

7. 75 N.E. 6th Avenue, Suite #114, Delray Beach, FL 33483
(Current mailing address)

8. Education for prevention of alcohol and other drug abuses, and the spread of AIDS. Publication and dissemination of awareness materials.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

A. Directors:

Chairman: _____
Address: _____

Vice Chairman: _____
Address: _____

Director: Ruth Harris-Shaw
Address: 75 N.E. 6th Avenue, Suite 114
Delray Beach, FL 33483

Director: _____
Address: _____

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B. Officers:

President: Ruth Harris-Shaw
Address: 75 N.E. 6th Avenue, Suite 114
Dalry Beach, FL 33483

Vice President: _____
Address: _____

Secretary: _____
Address: _____

Treasurer: _____
Address: _____

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(If needed, you may attach an addendum to the application listing additional officers and/or directors.)

10. Name and Street address of Florida registered agent:

Name: C T CORPORATION SYSTEM
Office Address: c/o C T CORPORATION SYSTEM, 1200 S. Pine Island Rd.,
Plantation, Florida 33324
Zip Code

11. 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.

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

BY: Barbara A. Burke
(Officer)

(Type Name)

(Title)

12. 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.

13. Ruth Harris-Shaw
(Signature of Chairman, Vice Chairman, or any officer listed in number 9 of the application)

14. Ruth Harris-Shaw, President
(Typed or printed name and capacity of person signing application)

State of Delaware
Office of the Secretary of State

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HUGS NOT DRUGS 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 FOURTH DAY OF JUNE, A.D. 1996.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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DIVISION OF CORPORATIONS
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Edward J. Freel

Edward J. Freel, Secretary of State

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AUTHENTICATION:

DATE:

7971901

06-04-96