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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

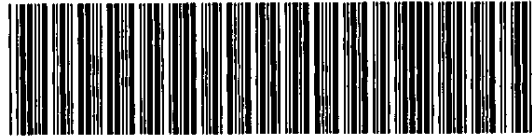
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Ember 911, 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:

John M. Sokol

Name of Person

Ember 911, Inc.

Firm/Company

114 N. Dixie Highway

Address

Momence, IL 60954

City/State and Zip Code

Ember911@gmail.com

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

For further information concerning this matter, please call:

John M. Sokol

Name of Person

at (708) 927-1200

Area Code & Daytime Telephone Number

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$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. **Ember 911, 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.)

2. **Illinois**

(State or country under the law of which it is incorporated)

3. **27-0574884**

(FEI number, if applicable)

4. **06/24/2009**

(Date of Incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. **N/A**

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

7. **311 W. Magnolia, Leesburg Florida 34748**

(Principal office address)

114 N. Dixie Highway, Momence Illinois 60954

(Current mailing address)

Emergency Preparedness for Individuals with Autism.

8. **Firefighter, EMS & Law Enforcement Autism Awareness and Interaction Training.**

(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: **John M. Sokol**

Office Address: **31701 Terrace Drive**

Tavares

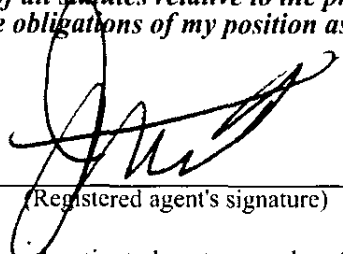
(City)

Florida **32778**

(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.


(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. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: **John M. Sokol**

Address: **31701 Terrace Drive, Tavares Florida 32778**

Vice Chairman: **Jennifer Flanagan-Verhaeren**

Address: **14921 Hamlin, Midlothian Illinois 60445**

Director: **Keri Perkins**

Address: **623 E. 7th. Street, Momence Illinois 60954**

Director: **Diane K. Richardson**

Address: **265 S. Laurel Road, Kankakee Illinois 60901**

B. OFFICERS

President: **John M. Sokol**

Address: **31701 Terrace Drive, Tavares Florida 32778**

Vice President: **Jennifer Fanagan-Verhaeren**

Address: **14921 Hamlin, Midlothian Illinois 60445**

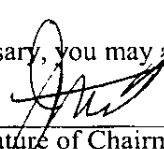
Secretary: **Keri Perkins**

Address: **623 E. 7th. Street, Momence, IL 60954**

Treasurer: **Keri Perkins**

Address: **623 E. 7th. Street, Momence, IL 60954**

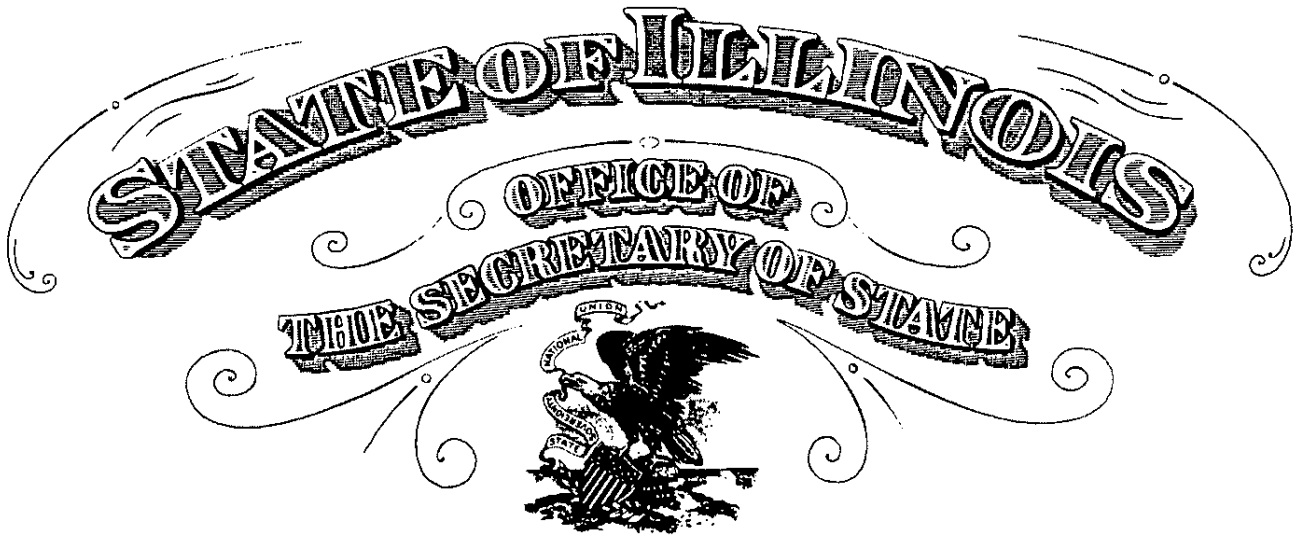
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

14. **John M. Sokol**
(Typed or printed name and capacity of person signing application)

File Number

6667-332-4



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, 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

EMBER 911, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JUNE 24, 2009, 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 24TH
day of MARCH A.D. 2016 .***

Jesse White

SECRETARY OF STATE