

F25000000521

(Requestor's Name)

(Address)

(Address)

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T. LEMIEUX

JAN 20 2024

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52863
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Oaks Collaborative Corporation
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:

Sarah Kiel
Name of Person
The Oaks Collaborative Corporation
Firm/Company
1322 Morris Drive
Address
Auburn, Alabama 36830
City/State and Zip Code
sarah@oakscolab.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Kiel at (334) 750-6193
Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Already submitted



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2024

TRACE HAMITER
1322 MORRIS DR
AUBURN, AL 36830

SUBJECT: THE OAKS COLLABORATIVE CORPORATION
Ref. Number: W24000052863

We have received your document for THE OAKS COLLABORATIVE CORPORATION 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 registered agent must sign accepting the designation.

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 (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 524A00007071

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. The Oaks Collaborative Corporation
(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. Alabama46-5021845 3. (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 9, 2014 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. 1322 Morris Drive, Auburn, Alabama 36830 (Principal office street address)

(Current mailing address, if different)

8. College Student Retreats (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 McRae Finlayson, III

Office Address: 3010 Olson Road

Tallahassee, Florida 32308 (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.

John M Finlayson III (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: Trace Hamiter
 Vice Chairman Address: 1322 Morris Drive
 Director Auburn, Alabama 36830
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: Richmond Gunter
 Vice Chairman Address: 987 Drew Lane
 Director Auburn, Alabama 36830
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

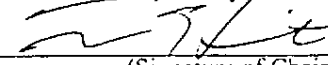
Chairman Name: _____
 Vice Chairman Address: _____
 Director _____
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

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: _____

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

14. Trace Hamiter
(Typed or printed name and capacity of person signing application)

Wes Allen
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, Wes Allen, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama
1975, and upon an examination of the entity records on file in this office, the
following entity name is reserved as available:

The Oaks Collaborative

This name reservation is for the exclusive use of Trace Hamiter, 987 Drew Lane,
Auburn, AL 36830 for a period of one year beginning 01/03/2024 and expiring
01/03/2025



131963

**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

01/03/2024

Date

Wes Allen

Secretary of State

Wes Allen
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Wes Allen, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that The Oaks Collaborative was formed in Lee County on January 9, 2014. The Alabama Entity Identification number for this entity is 000-294-400. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

01/15/2024

Date



20240115000012356

Wes Allen

Secretary of State

