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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	ECT: Charity Uni	ted CORPORATION				
		Name of Corporat	ion – must include suffix			
Dear S	Sir or Madam:					
Affair	s in Florida", "Ce	ion by Foreign Not for Prof rtificate of Existence", or "C enced not for profit corpora	Certificate of Status" and el	neck are submitted to		
Please	return all corresp	ondence concerning this m	atter to the following:			
	Megai	n Tucker				
		Name	of Person			
	Charit	y United				
	<u> </u>		Company			
	9450	SW Gemini Dr				
	PMB 1		ldress			
		Α(ICITES			
	Beave	ton, Oregon 97008-7105				
		City/State	and Zip Code			
	lvmt@	charityunited.us				
		nail address: (to be used for	future annual report notific	cation)		
For fu	ther information	concerning this matter, plea	ise call:			
Med	an Tucker		₍ 5035120094			
11109		of Person at	Area Code Daytime Te	elephone 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 32	303		
Please		the following amount: e to: FLORIDA DEPARTM □\$78.75 Filing Fee & Certificate of Status	ENT OF STATE □\$78.75 Filing Fee & Certified Copy	□\$87.50 Filing Fee, Certificate of Status &		
			certified copy	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:

import in langua in the name at p	ge as will clearly indicate that it is a c resent. "Company" or "Co." may not l	RPORATED" or "CORPORATION" or words or abbrecorporation instead of a natural person or partnership is be used as a corporate suffix by a nonprofit corporation	f not so contained n.)
•	d International		
(If name unava	ilable in Florida, enter alternate corpo	orate name adopted for the purpose of transacting busin	ness in Florida)
2. Oregon		3. (FEI number, if applicable)	
4. December 1	0, 2015	5(Date of duration, it other than pe	
6		ration, Sec sections 617,1501 & 617,1502, F.S. to determ	
(Date first cond	acted affairs in Florida if prior to registr	ration, See sections 617,1501 & 617,1502, F.S. to determ	vine penalty liability.)
7 48250 Little	e Nestucca River Hwv (ん	overestate, OR 97112	
/·	(Prir	ncipal office street address)	
9450 SW	Gemini Dr, PMB 16500, Beav	verton, Oregon 97008-7105	
		nt mailing address, if different)	
	(caren	in thatting address, it differency	
⊏ du cotico	n litaraan, Janassaan English		
8. Education (Purpose(st of)	n literacy, language, English	n, grammar, vocabulary, and life skills. Aid or country to be carried out in the state of Florida)	
(i diponetaroi	of formation authorized in frome state of	A country to be carried out in the state of Floriday	SECRE IVISION 24 HAY
	9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		
9. Name and <u>str</u>	<u>eet address</u> of Florida registered a <u>s</u>	gent. (r.o. box <u>No r</u> acceptable)	— * *- -+,
		gent. (17.07 box 1001 acceptable)	ETAL FOR Y 22
			FIL PROPERTY 22
Name:	Registered Agents Inc		FIL PROPERTY 22
Name:	Registered Agents Inc 7901 4th St N STE 300		FIL PROPERTY 22
Name:	Registered Agents Inc 7901 4th St N STE 300		FILED FIARY OF STATE FOR CORPORATIONS Y 22 PM 4: 31
Name: Office Address:	Registered Agents Inc 7901 4th St N STE 300 St. Petersburg (City)		FIL TARN OF CO 22
Name: Office Address: 10. Re gistered	Registered Agents Inc 7901 4th St N STE 300 St. Petersburg (City) agent's acceptance:		FILED TARY OF STATE OF CORPORATIONS 22 PM 4: 31

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

(Registered agent's signature)

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) totall: A. DIRECTOR'S Name: Megan Tucker Name: Amy Elizabeth Olson **☑**Chairman □ Chairman Address: 100 Waverly Way #310 Address: 1915 Cleveland St □ Vice Chairman □Vice Chairman Clearwater, FL 33765 Clearwater FI 33756 □ Director ☑Director □President □ President ☐ Vice President □ Vice President ☐ Secretary □Treasurer □Treasurer □ Secretary □Other: Other:_____ □Other:____ □Other:____ Name: Chelby Dixon Name: Jacobus Marinus Cornelis Lavooij □ Chairman □ Chairman Address: 140 Hardee Branch Road Address: Segeparksgatan 18, Apt 1502 ☐ Vice Chairman □Vice Chairman West End, NC 27376 21250 Malmö ☑ Director ☑Director Sweden □President □ President ☐ Vice President □ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary □Treasurer ☐ Other: □Other: Name: William Tucker Name: _____ □Chairman ☐ Chairman Address: 1915 Cleveland St □ Vice Chairman □Vice Chairman Address: Clearwater, FL 33765 □ Director □ Director ☑President □President □ Vice President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ 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. Meson ticken (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Megan Tucker, Chairman

(Typed or printed name and capacity of person signing application)

State of Oregon

OFFICE OF THE SECRETARY OF STATE

Corporation Division

Certificate of Existence 3185279

I, LAVONNE GRIFFIN-VALADE, SECRETARY OF STATE and Custodian of the Seal of said State, do hereby certify:

CHARITY UNITED

İ5

a Nonprofit Corporation

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

Lavonne Orifin-Valade

LAVONNE GRIFFIN-VALADE, SECRETARY OF STATE

Issued Date: 5/14/2024



Come visit us on the internet at: https://sos.oregon.gov/business or use the QR code to check their current status.