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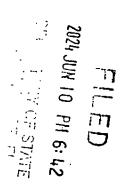
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T. LEMIEUX

JUN 17 2024

COVER LETTER

TO:	Registration Section Division of Corporations
	TTS RIGGER THAN US
SUBJ	Name of Corporation – must include suffix
	fir or Madam:
A ffaire	closed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to r the above referenced not for profit corporation to conduct its affairs in Florida.
Please	return all correspondence concerning this matter to the following:
	TYRONE NANCE
	Name 3f Person
	ITS BIGGER THAN US
	Firm/Company
	2006 W 76TH STREET
	Address
	LOS ANGELES, CA 90047
	City/State and Zip Code
	INFO@THENONPROFTPLUG.COM
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
DR. S	HARON ELEFANT 541 602-3613 at ()
	Name of Person Area Code Daytime Telephone Number
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Please r	ed is a check for the following amount: nake check payable to: FLORIDA DEPARTMENT OF STATE .00 Filing Fee \$\Begin{array}{c} \precestriction \text{Filing Fee} & \Begin{array}{c} \precestriction \text{S78.75 Filing Fee} & \Begin{array}{c} \Begin{array}{c} \precestriction \text{S87.50 Filing Fee}, & \Begin{array}{c} \Begin{array}{c} \precestriction \text{S87.50 Filing Fee}, & \Begin{array}{c} \Begin{array}{c} \precestriction \text{S87.50 Filing Fee}, & \Begin{array}{c} \Begin{array}{c} \Begin{array}{c} \precestriction \text{S78.75 Filing Fee}, & \Begin{array}{c} \Begin{array}{c} \Begin{array}{c} \Precestriction \text{S78.75 Filing Fee}, & \Begin{array}{c} \Begin{array}{c} \Begin{array}{c} \Precestriction \text{S78.75 Filing Fee}, & \Begin{array}{c} \Begin{array}{c} \Begin{array}{c} \Begin{array}{c} \Begin{array}{c} \Precestriction \text{S78.75 Filing Fee}, & \Begin{array}{c} \Begi

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:

THE STATE OF	FFLORIDA:		
1. ITS BIGGER	RTHAN US		
(Name of corne	oration: must include the word "INCORPORAT age as will clearly indicate that it is a corporation oresent. "Company" or "Co." may not be used a	ED" or "CORPORATION" or words or a on instead of a natural person or partnershi s a corporate suffix by a nonprofit corpora	poreviations of like ip if not so contained ition.)
	THAN US INCORPORATED		
(If name unav	ailable in Florida, enter alternate corporate nam	e adopted for the purpose of transacting b	usiness in Florida)
2. CALIFORNI	A 3	85-3136505	
(State or cou	ntry under the law of which it is incorporated)	(FEI number, if applicable	e)
4 09/02/202	\$		
	Date of Incorporation)	(Date of duration, if other than	n perpetual)
6. JUNE 01, 202	24		
(Date first cond	lucted affairs in Florida if prior to registration. See	sections 617.1501 & 617.1502, F.S, to dete	ermine penalty liability.)
7 2006 W 76TH	STREET, LOS ANGELES, CA 90047		
··	(Principal off	ce street address)	· · · · · · · · · · · · · · · · · · ·
DANIE AD AD	ove		
SAME AS AB		address, if different)	
	(Caron name	, address, it different)	
OLTUBEACH	BIDLICATION AND SUPPORT PROCEDAMS	EOR VOLTEH AND GAME HIS	NOT 1202
8. (Purnose(s) of	EDUCATION AND SUPPORT PROGRAMS corporation authorized in home state or country	to be carried out in the state of Florida)	-
(- 11)	on position and the same of th	we carried out in the state of a torontal	
9. Name and str	ect address of Florida registered agent: (P.O	O. Box <u>NOT</u> acceptable)	治 是 [7]
Name:	TYRONE NANCE		ED PH 6: 42 OF STATE
Office Address:	130 NE 62nd St		12 42
	MIAMI	, Florida 33138 (Zip Code)	12.7 1.00 1.00
	(City)	(Zip Code)	<i>–</i>
	l agent's acceptance: imed as registered agent and to accept ser	wice of process for the above stated on	reposation at the place
designated in th	is application, I hereby accept the appoint o comply with the provisions of all statutes	tment as registered agent and agree to	o act in this capacity. I
further agree to and I am famili	o comply with the provisions of all statutes ar with and accept the obligations of my p	relative to the proper and complete p	erformance of my duties
<u> </u>		osmon us registered ugent.	
	\		
	1 mm 1/1ms	<i>()</i>	
	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

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTO	TYRONE NANCE		MOLLY MORROW
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□ Vice Chairman	Address:
□Director	LOS ANGELES, CA 90047	Director	LOS ANGELES, CA 90047
■President		□President	
□Vice President		□ Vice President	
□Secretary	Treasurer	Secretary	∃ Treasurer
Other:	☐ Other:	Other	□Other:
□ Chairman	Name: KEIR WOHLMAN	□Chairman	Name:
□ Vice Chairman	2006 W 76TH STREET		
□ Director	Address:LOS ANGELES, CA 90047	□ Vice Chairman □ Director	Address:
□President		□President	
□Vice President		□Vice President	
■ Secretary	☐Treasurer	□Secretary	□Treasurer
Other:	☐ Other:	□Other:	Other
□Chairman	Name:	□ Chairman	Name:
□Vice Chairman	Address:	□ Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	☐ Secretary	☐ Treasurer
□Other:	□ Other:	□Other:	

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



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: IT'S BIGGER THAN US

Entity No.: 4641887 Registration Date: 09/02/2020

Entity Type: Nonprofit Corporation - CA - Public Benefit

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of May 27, 2024.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 214259834

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **blz**fileOnline.sos.ca.gov.