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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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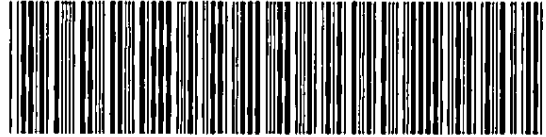
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Piper's Promise Foundation

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:

Lauren Dymtrow Schmiedl

Name of Person

Piper's Promise Foundation

Firm/Company

78019 Buckeye Crescent

Address

Cincinnati, OH 45243

City/State and Zip Code

PipersPromiseFoundation@gmail.com

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

For further information concerning this matter, please call:

Lauren Schmiedl

at (727) 742-4074

Name of Person

Area Code

Daytime Telephone 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 32303

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

**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. Piper's Promise Foundation 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.)

Piper's Promise Florida Chapter

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Ohio

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

3. 93-4130845

(FEI number, if applicable)

4. 10/09/2023

(Date of Incorporation)

5. _____

(Date of duration, if other than perpetual)

6. First event is scheduled for 9/28/2024

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

7. 7809 Buckeye Crescent, Cincinnati, OH 45243

(Principal office street address)

(Current mailing address, if different)

8. We are a non profit, providing help and financial assistance to families of children fighting life threatening illnesses.
(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: Sandra Scott-Mooney

Office Address: 5140 76th Ave N

Pinellas Park

(City)

Florida 33781

(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.

Sandra Scott-Mooney
(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.

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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: Lauren Schmiedl
☐ Vice Chairman Address: 7809 Buckeye Crescent
☐ Director Cincinnati, OH 45243
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Co-Founder ☒ Other: CEO

☐ Chairman Name: Sandra Scott-Mooney
☐ Vice Chairman Address: 5140 76th Ave N
☐ Director Pinellas Park, FL 33781
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

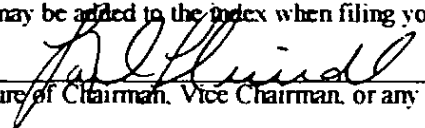
☐ Chairman Name: Vanessa Scott
☐ Vice Chairman Address: 5545 Casino Drive
☐ Director Holiday, FL 34690
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Chief Admin Off. ☐ Other: _____

☐ Chairman Name: Dr. Audrey Brinkman
☐ Vice Chairman Address: 3245 Hazelton Dr
☐ Director Oregon, OH 43616
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Comm. Cord. ☐ Other: _____

☐ Chairman Name: Robert Schmiedl
☐ Vice Chairman Address: 7809 Buckeye Crescent
☐ Director Cincinnati, OH 45243
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Co-Founder ☒ Other: COO

☐ 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. Lauren D. Schmiedl
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show PIPER'S PROMISE FOUNDATION, an Ohio not for profit corporation, Charter No. 5123507, having its principal location in Cincinnati, County of Hamilton, was incorporated on October 9, 2023 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 11th day of June, A.D. 2024.*

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202416301784