

7/16/24, 10:08 AM

Division of Corporations

**F24000003752**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : MERIAM CORPORATE SERVICES, INC.  
Account Number : I20230000158  
Phone : (720)318-8456  
Fax Number : (480)771-3338

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: meriamfinancial@gmail.com

# FOREIGN PROFIT/NONPROFIT CORPORATION

Social Ventures, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

RECEIVED

2024 JUL 16 PM 3:15

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2024 JUL 16 PM 4:01

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Social Ventures, Inc.

\_\_\_\_\_  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Samantha Jackson

\_\_\_\_\_  
Name of Person

Meriam Corporate Services, Inc.

\_\_\_\_\_  
Firm/Company

PO Box 52588

\_\_\_\_\_  
Address

Mesa AZ 85208

\_\_\_\_\_  
City/State and Zip code

meriamfinancial@gmail.com

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

For further information concerning this matter, please call:

Samantha Jackson

at ( 724 ) 318.8456

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

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

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

H 24 000 24 107 03

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Social Ventures, Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

2. Mississippi 99-1374086  
(State or country under the law of which it is incorporated) (EIN number, if applicable)

3. 02/14/2024 5  
(Date of incorporation) (Date of duration, if other than perpetual)

6. (Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 40 S Palafox St Ste 7 Pensacola FL 32502  
(Principal office street address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Hannah Broussard

Office Address: 40 S Palafox St Ste 7

Pensacola Florida 32502  
(City) (Zip code)

9. 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)

10. 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.

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

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## A. DIRECTORS

1. Chairman Name: Hannah Broussard

2. Vice Chairman Address: \_\_\_\_\_

3. Director 40 S Palafox St Ste 7 Pensacola FL 32507

4. President \_\_\_\_\_

5. Vice President \_\_\_\_\_

6. Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

7. Other \_\_\_\_\_ Other \_\_\_\_\_

1. Chairman Name: \_\_\_\_\_

2. Vice Chairman Address: \_\_\_\_\_

3. Director \_\_\_\_\_

4. President \_\_\_\_\_

5. Vice President \_\_\_\_\_

6. Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

7. Other \_\_\_\_\_ Other \_\_\_\_\_

1. Chairman Name: \_\_\_\_\_

2. Vice Chairman Address: \_\_\_\_\_

3. Director \_\_\_\_\_

4. President \_\_\_\_\_

5. Vice President \_\_\_\_\_

6. Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

7. Other \_\_\_\_\_ Other \_\_\_\_\_

1. Chairman Name: \_\_\_\_\_

2. Vice Chairman Address: \_\_\_\_\_

3. Director \_\_\_\_\_

4. President \_\_\_\_\_

5. Vice President \_\_\_\_\_

6. Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

7. Other \_\_\_\_\_ Other \_\_\_\_\_

1. Chairman Name: \_\_\_\_\_

2. Vice Chairman Address: \_\_\_\_\_

3. Director \_\_\_\_\_

4. President \_\_\_\_\_

5. Vice President \_\_\_\_\_

6. Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

7. Other \_\_\_\_\_ Other \_\_\_\_\_

1. Chairman Name: \_\_\_\_\_

2. Vice Chairman Address: \_\_\_\_\_

3. Director \_\_\_\_\_

4. President \_\_\_\_\_

5. Vice President \_\_\_\_\_

6. Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

7. Other \_\_\_\_\_ Other \_\_\_\_\_

**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.

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Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) attests that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in §817.155, F.S.

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Hannah Broussard, President

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

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**Michael Watson**  
SECRETARY OF STATE

Office of the Secretary of State  
Jackson, Mississippi

## Certificate of Good Standing

I, MICHAEL WATSON, Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 14th day of February, 2024, the State of Mississippi issued a Charter/Certificate of Authority to:

**SOCIAL VENTURES, INC.**

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said Social Ventures, Inc. is in good standing at this time.

Given under my hand and seal of office  
the 12th day of July, 2024

A handwritten signature in black ink that reads "Michael Watson".

Certificate Number: CN24192577

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>