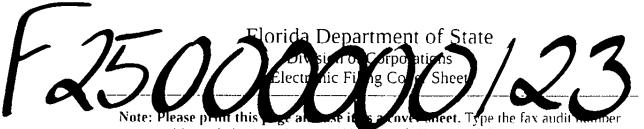
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To 18506176380

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Fax: 8134365206



(shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email	Address:			

FOREIGN PROFIT/NONPROFIT CORPORATION Reaching Out 2 Others Through Service Corp.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

K. SALY

JAN--8-2025-

1/7/2025 08:22.20 PST To: 18506176380 Page: 2/4 Fax: 8134365206

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:

(Name of corporation; must include the word "INCORPORATED" or "CORPORATION" or word; import in language as will clearly indicate that it is a corporation instead of a natural person or part in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit co. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transact	nership if not so contained orporation)
2. AL (State or country under the law of which it is incorporated) 4. 9/1.2/2023 (Date of Incorporation) 5. (Date of duration, if other	iicable)
6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. (o determine penalty liability.)
7. 7901 4th St N STE 300 St. Petersburg, FL 33702 (Principal office street address)	
(Principal office <u>street</u> address)	
7901 4th St N STE 300 St. Petersburg, FL 33702	. 20
(Current mailing address, if different)	2085 JAH - 1
$_{8.}$ To provide an array of services to the underserved.	
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Flori	(da) (S) - (T)
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	JAN - PH 4: 01
Name: Registered Agents Inc	11. 2
Office Address: 7901 4th St N STE 300	
St. Petersburg Florida 33702 (Zip Code)	
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stat designated in this application, I hereby accept the appointment as registered agent and ag further agree to comply with the provisions of all statutes relative to the proper and compl and I am familiar with and accept the obligations of my position as registered agent.	ree to act in this capacity. I

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. DIRECTOR ☐Chairman	Name: Washington, Esther	□ Chairman	_{Name:} Bibb, Wilma	
□Vice Chairman	Address: 7901 4th St N STE 300	□Vice Chairman	Address: 7901 4th St N STE 300 St. Petersburg, FL 33702	
☑Director	St. Petersburg, FL 33702	⊠Director		
□President		☐ President		
□Vice President		□Vice President		
Scoretary	□Treasurer	☐ Secretary	□Treasurer	
Other:	☐ Other:	Other:	ПОther:	
□Chairman □Vice Chairman ※Director	Name: Scott, Dorothy 7901 4th St N STE 300 St. Petersburg, FL 33702	□Chairman □Vice Chairman □Director	Name: The State of the Address: Address: The State of the	
□President		☐ President	0. F	
□Vice President		□Vice President	0	
□Secretary	☐ Freasurer	□ Secretary	□Treasurer	
Other:	Other:	□Other:	Other:	
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director	<u> </u>	Director		
□President		□President		
□Vice President		□Vice President		
∏Secretary	Treasurer	☐ Secretary	☐Treasurer	
UOther:	Other:	□Other:	UOther:	
NOTE: <u>Importan</u> Non-indexed indiv	t Notice: Use an attachment to report more than aviduals may be added to the index when filing you will be the control of Chairman. Vice Chairman, or any Vashington - Director	six (6). The attachment of the state of the	will be imaged for reporting purposes only. of State Annual Report form.	

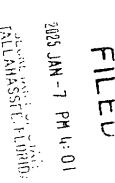
Wes Allen Secretary of State

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 Reaching Out 2 Others
Through Service Corp. was formed in Alabama on September 12, 2023. The
Alabama Entity Identification number for this entity is 001-098-928. I further
certify that the records do not disclose that said entity has been dissolved,
cancelled or terminated.





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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.

01/07/2025

Date

Wer Oel

Wes Allen

Secretary of State