

F250000000626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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RECEIVED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 01/31/2025

****WALK IN****

ENTITY NAME Droplets of Mercy USA Inc.

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70.00

ACCOUNT #: I20160000072

S R M

Please call Tina at the above number for any issues or concerns. Thank you so much!

**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. Droplets of Mercy USA Inc.
(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.)

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

2. Indiana 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 28, 2024 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 1660 International Drive, Suite 600, McLean, VA 22102
(Principal office street address)

(Current mailing address, if different)

8. Provide Humanitarian Aid
(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: Registered Agents Inc.
Office Address: 7901 4th St N Ste 300
St. Petersburg, Florida 33702
(City) (Zip Code)

REC JAN 31 4:14:02

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.

David Roberts, Assistant Secretary

(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.

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: Lisa Vogl
☐ Vice Chairman Address: 1660 International Drive, Suite 600
☐ Director McLean, VA 22102
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: CEO ☐ Other: _____

☐ Chairman Name: Khayyam Hosein
☐ Vice Chairman Address: 1660 International Drive, Suite 600
☒ Director McLean, VA 22102
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Fawaaz Safeek
☐ Vice Chairman Address: 1660 International Drive, Suite 600
☒ Director McLean, VA 22102
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Mohamed Osman Noorani
☐ Vice Chairman Address: 1660 International Drive, Suite 600
☒ Director McLean, VA 22102
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ 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. /s/ Lisa Vogl
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Lisa Vogl, CEO
(Typed or printed name and capacity of person signing application)

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, DIEGO MORALES, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

DROPLETS OF MERCY USA INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on March 28, 2024, and was in existence or authorized to transact business in the State of Indiana on January 31, 2025.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, January 31, 2025

Diego Morales

DIEGO MORALES
SECRETARY OF STATE

202403281778530 / 20254211623

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on March 02, 2025.