# F25000000652

(Requestor's Name)			
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PICK-UP WAIT MA	AIL		
(Business Entity Name)			
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### **COVER LETTER**

_	istration Section ision of Corporations		
SHRIFCT	Purple Bridges Inc		
SUBJECT	Name of Corporation	ı – must include suffix	<del></del>
Dear Sir or l	Madam:		
Affairs in Fl	d "Application by Foreign Not for Profit orida", "Certificate of Existence", or "Ce above referenced not for profit corporatio	rtificate of Status" and ch	eck are submitted to
Please return	n all correspondence concerning this matt	er to the following:	
	Keith Winn		
	Name of	Person	<del></del>
	Purple Bridges Inc		
	Firm/Co	mpany.	
	12130 NW 5th Ct		
	Addı	ess	
	Plantation/FL.33325		
	City/State an	d Zip Code	
	keithswinn@gmail.com		
	E-mail address: (to be used for fu	ture annual report notification	ation)
For further i	nformation concerning this matter, please	call:	
Keith Winn		954 816-5350	
	Name of Person at (	Area Code Daytime Te	Iephone Number
	ling Address:	Street Address:	
	Registration Section Registration Section Division of Corporations Division of Corporations		
P.O. Box 6327 The Centre of Tallahassee			
Tall	lahassee, FL 32314	2415 N. Monroe Str Tallahassee, FL 323	·
	a check for the following amount:	IT OF STATE	
Flease make 6 <b>■</b> \$70.00 F	check payable to: FLORIDA DEPARTMENTING Fee \$\Bigsilon\$78.75 Filing Fee &	□\$78.75 Filing Fee &	□\$87.50 Filing Fee,
	Certificate of Status	Certified Copy	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:

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)  (State or country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (PEI number, if applicable)  (Date of function, if other than perpetual)  (Date of outsition, if other than perpetual)  (Date of outsition, if other than perpetual)  (Principal office street address)  (Principal office street address)  (Current mailting address, if different)  (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:  (Reith Winn)  Office Address:  (City)  (City)  (City)  Florida  (City)	Purple Bridge (Name of corpo import in langua	ration; must include the word "INCORPO	ORATED" or "CORPORATION" or words or abbreviations of like reportation instead of a natural person or partnership if not so contained
Wyoming  (State or country under the law of which it is incorporated)  (PEI number, if applicable)  (Date of Incorporation)  (Date of duration, if other than perpetual)  (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502. F.S. to determine penalty hability  (Principal office street address)  (Principal office street address)  (Purposeus) of corporation authorized in hourse state or country to be correct out in the state of Florida).	in the name at p	resent. "Company" or "Co." may not be	used as a corporate suffix by a nonprofit corporation.)
(State or country under the law of which it is incorporated)  (FEI number, if applicable)  12/24/2024  5.  (Date of Incorporation)  (Principal office Street address)  (Principal office Street address)  (Current mailing address, it different)  (Date of Incorporation authorized by domestic violence by creating pathways to safety and financial independence.	(If name unava	nilable in Florida, enter alternate corporat	ate name adopted for the purpose of transacting business in Florida)
(Date of Incorporation)  (Date of Incorporation)  (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502. F.S. to determine penalty liability  12130 NW 5th Ct Plantation, FL 33325  (Principal office street address)  (Current mailing address: if different)  Purple Bridges empowers individuals affected by domestic violence by creating pathways to safety and financial independence.	Wyoming		3. 33-2553694
(Date of Incorporation)  (Date of duration, if other than perpetual)  (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502. F.N. to determine penalty liability  12130 NW 5th Ct Plantation, FL 33325  (Principal office street address)  (Current mailing address, if different)  Purple Bridges empowers individuals affected by domestic violence by creating pathways to safety and financial independence.			
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty hability 12130 NW 5th Ct Plantation, FL 33325  (Principal office street address)  (Current mailing address, if different)  Purple Bridges empowers individuals affected by domestic violence by creating pathways to safety and financial independence.	12/24/2024	Note of Incompanion)	5. (Date of dumtion if other than personnel)
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(Principal office street address)  (Current mailing address, if different)  Purple Bridges empowers individuals affected by domestic violence by creating pathways to safety and financial independence.	. (Date first cond	ucted affairs in Florida if prior to registratio	on. See sections 617.1501 & 617.1502, F.S. to determine penalty liability
(Current mailing address, if different)  Purple Bridges empowers individuals affected by domestic violence by creating pathways to safety and financial independence.  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida).			
(Current mailing address, if different)  Purple Bridges empowers individuals affected by domestic violence by creating pathways to safety and financial independence.  (Purposeus) of corporation authorized in home state or country to be carried out in the state of Florida).	·		nal office street address)
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Purple Bridges empowers individuals affected by domestic violence by creating pathways to safety and financial independence.  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)			
(Purposets) of comporation authorized in home state or country to be carried out in the state of Florida)		(Current n	nailing address, if different)
(Purposets) of compension authorized in home state or country to be carried out in the state of Florida)			
Name: Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Name: Name: Keith Winn  Office Address: (City)  Registered agent's acceptance: (City)  Note: Name and street address of Florida registered agent and to accept service of process for the above stated corporation at the placesignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacitarther agree to comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent.	Purple Bridges empo	owers individuals affected by domestic violence by creatin	ng pathways to safety and financial independence.
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Keith Winn  Office Address: Plantation  (City)  (City)  Registered agent's acceptance: Idving been named as registered agent and to accept service of process for the above stated corporation at the plantation this application, I hereby accept the appointment as registered agent and agree to act in this capacitather agree to comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent.	(Purpose(s) of c	corporation authorized in home state or c	country to be carried out in the state of Florida)
Name:    Name:   Keith Winn	. Name and str	eet address of Florida registered agen	nt: (P.O. Box NOT acceptable)
Office Address:    12130 NW 5th Ct	Name:	Keith Winn	
Plantation  (City)  (C	Office Address:	12130 NW 5th Ct	<del></del>
(City)  (Zip Code)  (Zip Code)	Thee Address.	Plantation	Florida 33325
10. Registered agent's acceptance: Idving been named as registered agent and to accept service of process for the above stated corporation at the pleasignated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity at the agree to comply with the provisions of all statutes relative to the proper and complete performance of my and I am familiar with and accept the obligations of my position as registered agent.		(City)	(Zip Code)
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esignated in this application, I hereby accept the appointment as registered agent and agree to act in this capaci arther agree to comply with the provisions of all statutes relative to the proper and complete performance of my nd I am familiar with and accept the obligations of my position as registered agent.	io. Registered Laving been na	. agent's acceptance: med as registered agent and to accep	ept service of process for the above stated corporation at the pl
	esignated in th urther agree to nd I am famili	is application, I hereby accept the a comply with the provisions of all sto ar with and accept the oblivations of	ippointment as registered agent and agree to act in this capaci atutes relative to the proper and complete performance of my of my position as registered agent.
	<b>,</b>		10
K. (1/2		h.A	"//e
(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.



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign not for profit corporation to conduct its affairs in Florida. The requirements are as follows:

- Pursuant to section 617.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are <u>optional</u>. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 each (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the cover letter and send one check for the total amount made payable to the Florida Department of State.
- The cover letter should be completed and submitted along with the certificate, application and check. Both the mailing address and street address are noted in the cover letter.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314.

## STATE OF WYOMING Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

#### **Purple Bridges**

is a

#### **Nonprofit Corporation**

formed or qualified under the laws of Wyoming did on **December 24, 2024**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001577267**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 15th day of January, 2025 at 12:23 PM. This certificate is assigned ID Number 080922224.

Secretary of State

huck /

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.