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(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Section Division of Corporations
SURIE	CT: One Love Prison Meditation Project, Inc.
301301	Name of Corporation – must include suffix
Dear Si	or Madam:
Affairs	losed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to the above referenced not for profit corporation to conduct its affairs in Florida.
Please r	eturn all correspondence concerning this matter to the following:
	Jenna Meints
	Name of Person
	Triangle Advising
	Firm/Company
	PO Box 133203
	Address
	Atfanta, GA 30333-3203
	City/State and Zip Code
	triangleadvising@gmail.com; and, tb100282@gmail.com
	E-mail address: (to be used for future annual report notification)
For furt	ner information concerning this matter, please call:
Jenna	Meints 404 312-3175 at ()
	Name of Person Area Code Daytime Telephone Number
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclose	d is a check for the following amount:
□ \$70.	00 Filing Fee

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:

One Love Prison Meditation Project, Inc.

Georgia	· · · · · · · · · · · · · · · · · · ·	ess in Florida)
	83-1550481 3	
	ntry under the law of which it is incorporated) (FEI number, if applicable) Date of Incorporation) (Date of duration, if other than pe	
1)	Date of Incorporation) (Date of duration, if other than pe	rpetual)
Date first cond	lucted affairs in Florida if prior to registration. See sections 617,1501 & 617,1502, F.S. to determi	ne penalty liabil
200 4	Charak MaDannach, CA 20052	, .
	(Principal office address)	•
	19/41 #1975; Hampton, GA 30228	
	(Current mailing address, if different)	
	corporation authorized in home state or country to be carried out in the state of Florida)	007 25
Purpose(s) of	corporation authorized in home state or country to be carried out in the state of Florida)	ָּכַרַ
	reet address of Florida registered agent: (P.O. Box NOT acceptable)	81 l _i : no
Name:	Tony Federico 12171 Mantle Drive	5
	12171 Mantle Drive	
	Jacksonville 32224 (City) (Zip Code)	

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. Names and addresses of officers and/or directors

A. DIRECTORS Leah Zissimopulos Chairman: 998 Highway 19/41 #1975; Hampton, GA 30228 Address:_ Stephanie Davis Vice Chairman: 998 Highway 19/41 #1975; Hampton, GA 30228 Address: Tony Federico Director: 998 Highway 19/41 #1975; Hampton, GA 30228 Address:_ Director: Address: **B. OFFICERS** Leah Zissimopulos 998 Highway 19/41 #1975; Hampton, GA 30228 Address:_ Stephanie Davis Vice President: 998 Highway 19/41 #1975; Hampton, GA 30228 Address: Tony Federico 998 Highway 19/41 #1975; Hampton, GA 30228 Address:_ Tony Federico 998 Highway 19/41 #1975; Hampton, GA 30228 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Tony Federico, Secretary and Treasurer (Typed or printed name and capacity of person signing application)

Control Number: 18124857

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the-State of Georgia, do hereby certify under the seal of my office that

One Love Prison Meditation Project, Inc. a Domestic Nonprofit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 16260787 Date Inc/Auth/Filed: 08/23/2018 Jurisdiction : Georgia Print Date : 10/20/2018

Form Number : 211



B: Phone