



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 15, 2019

CORP ACCESS

SUBJECT: TIDES ADVOCACY INC.
Ref. Number: W19000075554

We have received your document for TIDES ADVOCACY INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Remove 'INC' from line #1. On the alternate name line, place the name exactly how it is on the certificate of existence, along with a corporate suffix,

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brooke N Kinsey
Regulatory Specialist II

Letter Number: 619A00016824

Corrected

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 8/12 Glinda

- CERTIFIED COPY** _____
- PHOTOCOPY** _____
- CUS** _____
- FILING** FOREIGN _____

1. **TIDES ADVOCACY INC.**

(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

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. Tides Advocacy

(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.)

Tides Advocacy Inc.

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

2. California 3. 94-3153687
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/03/1992 5.
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 1014 Tomey Avenue, San Francisco, CA 94129-1755
(Principal office address)

(Current mailing address, if different)

8. Provide grants to support advocacy programs.
(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 Agent Solutions, Inc.

Office Address: 155 Office Plaza Dr. Suite A
Tallahassee, Florida 32301
(City) (Zip Code)

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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.

Mackenzie Hart, Asst. 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. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Please see attached.

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Please see attached.

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. J. Valle
(Signature of Chairman, Vice Chairman, or any officer listed in number-12 of the application)

14. Jacqueline Valle, Secretary
(Typed or printed name and capacity of person signing application)

Officer List

| | | |
|---------------------|-------------------------|--|
| Coleman, Bernard | Director | 1014 Torney Avenue San Francisco, CA 94129-1755 |
| Deiglmeier, Kriss | Director | 1014 Torney Avenue San Francisco, CA 94129-1755 |
| Justilien, Romilda | Treasurer | 1014 Torney Avenue San Francisco, CA 94129-1755 |
| Kessler, Alice | Director | 1014 Torney Avenue San Francisco, CA 94129-1755 |
| Keton, Amanda | Chief Executive Officer | 1014 Torney Avenue San Francisco, CA 94129-1755 |
| Keton, Amanda | Director | 1014 Torney Avenue San Francisco, CA 94129-1755 |
| Kinney, Deb | Director | 1014 Torney Avenue San Francisco, CA 94129-1755 |
| Mouzon, Joseph | Director | 1014 Torney Avenue San Francisco, CA 94129-1755 |
| Punian, Shareen | Chairman | 1014 Torney Avenue San Francisco, CA 94129-1755 |
| Punian, Shareen | Director | 1014 Torney Avenue San Francisco, CA 94129-1755 |
| Silva Waki, Johanna | Director | 1014 Torney Avenue San Francisco, CA 94129-1755 |
| Valle, Jackie | Secretary | 1014 Torney Avenue San Francisco, CA 94129-1755 |

State of California
Secretary of State
CERTIFICATE OF STATUS

ENTITY NAME:

TIDES ADVOCACY

FILE NUMBER: C1522490
FORMATION DATE: 03/03/1992
TYPE: DOMESTIC NONPROFIT CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certifica
and affix the Great Seal of the State of
California this day of August 12, 2019.

ALEX PADILLA
Secretary of State