

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Interchange Foundation, Inc.
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Rebecca Wood
Name of Person
The Interchange Foundation, Inc.
Firm/Company
5332 Shadow Lawn Drive
Address
Siesta Key, FL 34242
City/State and Zip Code
rebecca@TheInterchangeFoundation.org
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FL

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For further information concerning this matter, please call:

Rebecca Wood at (901) 233-7331
Name of Person Area Code Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, 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:

1. The Interchange Foundation, 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.)

Not applicable

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

2. Tennessee 3. 84-2116385
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/20/2019 5. Perpetual
(Date of Incorporation) (Date of duration, if other than perpetual)

6. Our organization has not conducted any affairs or business to date.
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 5332 Shadow Lawn Drive, Siesta Key, FL 34242
(Principal office street address)

5332 Shadow Lawn Drive, Siesta Key, FL 34242
(Current mailing address, if different)

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8. Provide assistance to individuals of lower economic status that are seeking careers in construction and stem fields, to include education and training.
(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: Rebecca Wood

Office Address: 5332 Shadow Lawn Drive

Siesta Key, Florida 34242
(City) (Zip Code)

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.

(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: Rebecca Wood
 Vice Chairman Address: 5332 Shadow Lawn Drive
 Director Siesta Key, FL 34242
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: Brian Wood
 Vice Chairman Address: 5332 Shadow Lawn Drive
 Director Siesta Key, FL 34242
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: Roxanna Wood
 Vice Chairman Address: 5332 Shadow Lawn Drive
 Director Siesta Key, FL 34242
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

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

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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. Rebecca Wood
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Rebecca Wood, President
 (Typed or printed name and capacity of person signing application)



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

REBECCA WOOD
REBECCA WOOD
5332 SHADOW LAWN DR
SARASOTA, FL 34242

March 31, 2021

Request Type: Certificate of Existence/Authorization
Request #: 0410504

Issuance Date: 03/31/2021
Copies Requested: 1

Document Receipt

Receipt #: 006239477

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3802914041

\$20.00

Regarding: THE INTERCHANGE FOUNDATION, INC.

Filing Type: Nonprofit Corporation - Domestic

Control #: 1035628

Formation/Qualification Date: 06/20/2019

Date Formed: 06/20/2019

Status: Active

Formation Location: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County:

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TAL CARLISSE
STATE
FL

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

THE INTERCHANGE FOUNDATION, INC.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

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