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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
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TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Shadetree Foundation, Inc.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Robert W. Shimer

Name of Person

N/A

Firm/Company

c/o McLean 2130 Garnet Lane

Address

Fairfield, Iowa 52556

City/State and Zip code

invnexus@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert W. Shimer at ( 717 ) 889-1212  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

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

**MAILING ADDRESS:**

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

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 CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Shadetree Foundation, Inc.  
 (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Shadetree Foundation-Nevis, Inc.  
 (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Nevis, West Indies 3. 98-1633634  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 20, 2021 5. \_\_\_\_\_  
 (Date of incorporation) (Date of duration, if other than perpetual)

6. Not Applicable  
 (Date first transacted business in Florida, if prior to registration)  
 (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7901 4th Street N, STE 300, St Petersburg, FL 33702  
 (Principal office street address)  
 \_\_\_\_\_  
 (Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents, Inc.  
 Office Address: 7901 4th Street N, STE 300  
St Petersburg, Florida 33702  
 (City) (Zip code)

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9. 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*

(Registered agent's signature)

10. 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.

11. 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: Alison E. Shimer  
 Vice Chairman Address: 7901 4th Street N. STE 300  
 Director St Petersburg, FL 33702  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Robert W. Shimer  
 Vice Chairman Address: 7901 4th Street N, STE 300  
 Director St Petersburg, FL 33702  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

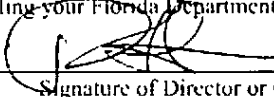
Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

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 \_\_\_\_\_

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.

12. \_\_\_\_\_  
  
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Robert W. Shimer, Director & Vice President  
 (Typed or printed name and capacity of person signing application)



**ISLAND OF NEVIS  
OFFICE OF THE REGISTRAR OF FOUNDATIONS**

***CERTIFICATE OF GOOD STANDING***

(issued pursuant to section 89 of the Multiform Foundations Ordinance, Cap 7:08)

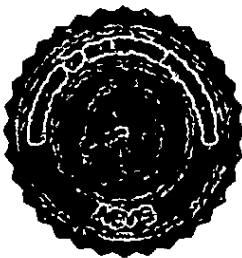
**Shadetree Foundation**

**Multiform Ordinary Foundation**

**I CERTIFY that according to the register and the records of this office, the above named multiform foundation was duly established under the provisions of the Multiform Foundations Ordinance, Cap 7:08 on 20th October, 2021 and is in good standing.**

**Given under the Hand & Seal of the  
Registrar of Foundations on:**

**This 11th day of October, 2023**



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**Registrar of Foundations**

**No. F 360**



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