

F24000002518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

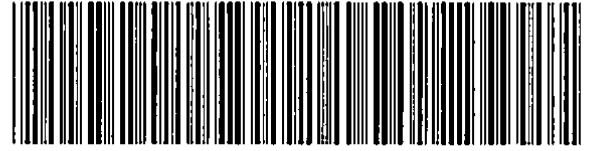
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 APR 19 PM 11:28
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dare 2 Stand Out, 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:

Christopher Mapes

Name of Person

Dare 2 Stand Out

Firm/Company

8813 Sonoma Coast Dr

Address

Winter Garden, FL 34787

City/State and Zip Code

chris.mapes@dare2standout.org

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

For further information concerning this matter, please call:

Christopher Mapes

Name of Person

at (701) 793-2371
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. Dare 2 Stand Out, 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.)

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

2. North Dakota (State or country under the law of which it is incorporated)
3. (FEI number, if applicable)

4. 1/24/2022 (Date of Incorporation)
5. (Date of duration, if other than perpetual)

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

7. 3155 Bluestem Dr. #144 West Fargo, ND 58078
(Principal office street address)

8813 Sonoma Coast Dr Winter Garden, FL 34787
(Current mailing address, if different)

8. Non-Profit Events and Charitable Giving
(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: Christopher Mapes

Office Address: 8813 Sonoma Coast Dr

Winter Garden, Florida 34787
(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.

(Handwritten signature)
(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: Christopher Mapes

Vice Chairman Address: 320 32nd Ave W #312

Director West Fargo, ND 58078

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: Kelly Mapes

Vice Chairman Address: 320 32nd Ave W #312

Director West Fargo, ND 58078

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: Shane Husar

Vice Chairman Address: 307 Prairie Dr

Director Harwood, ND 58042

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Chairman Name: Ryan Gellner

Vice Chairman Address: 1030 51st Ave W

Director West Fargo, ND 58078

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 _____

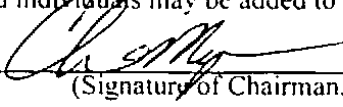
President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

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

14. Christopher Mapes - President
(Typed or printed name and capacity of person signing application)

State of North Dakota

SECRETARY OF STATE



Certificate of Good Standing of **DARE 2 STAND OUT**

SOS Control ID#: 0005788938

Certificate #: 025143728-1

The undersigned, as Secretary of State of the state of North Dakota, hereby certifies that, according to the records of this office,

DARE 2 STAND OUT

a Corporation - Nonprofit - Domestic was formed under the laws of NORTH DAKOTA and filed with this office effective January 28, 2022. This entity has, as of the date set forth below, complied with all applicable North Dakota laws.

ACCORDINGLY, the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing.

DATE: April 4, 2024

A handwritten signature in black ink that reads "Michael Howe". The signature is written in a cursive style with a long horizontal stroke at the end.

Michael Howe
Secretary of State