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RS 11/10/11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The TEARS Foundation
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 Good Standing" 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:

Sarah Slack

Name of Person

The TEARS Foundation

Firm/Company

11102 Sunrise Blvd E #102

Address

Puyallup, WA 98374

City/State and Zip Code

admin@thetearsfoundation.org

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

For further information concerning this matter, please call:

Sarah Slack

Name of Person

at (

253)

Area Code & Daytime Telephone Number

426-2738
200-0944

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☒ \$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

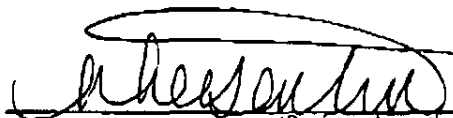
IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. The TEARS 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.)
2. Washington 3. 45-0500497
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11/12/2002 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "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. 11102 Sunrise Blvd E #102, Puyallup, WA 98374
(Principal office address)
- 11102 Sunrise Blvd E #102, Puyallup, WA 98374
(Current mailing address)
8. To compassionately assist bereaved parents with the financial expenses they face in making final arrangements for their precious baby who has died.
(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: Natalie Eisenhut
- Office Address: 4721 Hidden Lake Drive
- Port Orange, Florida 32129
(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.


(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: Sarah Slack

Address: 11102 Sunrise Blvd E #102

Puyallup, WA 98374

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Tony Munoz

Address: 4617 6th Ave.

Tacoma, WA 98406

Vice President: Darren Krattli

Address: 3837 So 8th St.

Tacoma, WA 98405

Secretary: Judy Carson

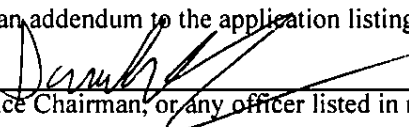
Address: 3814 North 9th St., Tacoma, WA 98406

Treasurer: Marlene Graham

Address: 29215 39th Ave. S., Roy, WA 98580

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

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

14. Sarah Slack
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

THE TEARS FOUNDATION

I FURTHER CERTIFY that the records on file in this office show that the above named Non-Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 11/12/2002.

I FURTHER CERTIFY that as of the date of this certificate, THE TEARS FOUNDATION remains active and has complied with the filing requirements of this office.

Date: November 1, 2011

UBI: 602-248-412

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Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed

Sam Reed, Secretary of State