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SWARSEN

COVER LETTER

TO:	New Fil	ing Section		
	Division	of Corporations		
SURI	ECT.	Compassion	Over	Killing

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:

Caroline Donaldson
Name of Person
Compassion Over Killing
Firm/Company
PO Box 9773
Address
Washington, DC 20016
City/State and Zip Code
info@cok.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Caroline Donaldson

..301 \891-2458

Name of Person

Area Code & Daytime Telephone Number

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:

in the name at present. "Company" or "Co." may no Delaware (State or country under the law of which it is incompany)	a corporation instead of a natural person or partnership if not so contained of be used as a corporate suffix by a nonprofit corporation.)
(State or country under the law of which it is inco	orporated) (FEI number, if applicable)
_{1.} 04/18/1997	5 Perpetual
(Date of Incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
_{5.} 05/02/2016	
(Date first conducted affairs in Florida if prior to regi	stration. See sections 617.1501 & 617.1502, F.S, to determine penalty liability.
7931 Reflection Cove Dr	, Apt 107 Fort Myers, FL 33907
	(Principal office address)
PO Box 9773 Washington, DC 2	0016
	(Current mailing address)
Remote employee working on we (Purpose(s) of corporation authorized in home state	ebsite maintance and IT support.
(1 dipose(s) of corporation authorized in nome state	
. Name and street address of Florida registered	agent: (P.O. Box NOT acceptable)
	e a reference de la companya del companya de la companya del companya de la compa
Name:REGISTERED AGENTS IN	
DECISTEDED A CEAUTS IA	IC. SARY C

10. Registered agent's acceptance:

Compassion Over Killing, Inc.

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.

Bill Havre/Assistant 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.

A. DIRECTORS	
Chairman: Steve Cucolo	
Address: 9008 3rd Ave	
Silver Spring, MD 20910	
Vice Chairman: Amy Trakinski	
Address: 165 W 91st St, Apt 16B	
New York, NY 10024	
Director: Ian Ross	
Address: 455A Portage Ave	
Palo Alto, CA 94306	
Director:	
Address:	
	,
B. OFFICERS	1225 432 442 AV
President: Erica Meier	The state of the s
Address: 615 Wayne Ave	ANG TI
Silver Spring, MD 20910	Z:
Vice President:	4 3 TE +
Address:	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listi	ng additional officers and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed i	n number 12 of the application)
Elica Moder Everillos ilirerios	
(Typed or printed name and capacity of person s	igning application)

<u>Delaware</u>

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "COMPASSION OVER KILLING, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF MAY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

Authentication: 202248140

Date: 05-03-16

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