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COVER LETTER

TO:	Registration S Division of C						
SUB.JI	ECT:		NEO Ph	nilanthropy,	Inc.		
		Name of C	Corporation	on – must in	clude suffix		
Dear S	ir or Madam:						
Affairs	in Florida", "C	ation by Foreign Not crtificate of Existend renced not for profit	ce", or "C	Certificate of	Status" and cl	neck are submitted to	
Please	return all corre	spondence concernin	g this ma	itter to the fo	llowing:		
			Claire	Kirby			
			Name o	f Person			
			Labyrin	th, Inc.			
			Firm/C	Company			
	-	_		 		 	
		1808 A	ston Ave	nue, Suite 2	230		
				dress			
		•		04.00000			
				CA 92008 nd Zip Code			
				•			
				rinthinc.com			
	E-	mail address: (to be	used for t	luture annua	report notific	ation)	
For fur	ther informatio	n concerning this ma	tter, plea	se call:			
	Clai	re Kirby	at (760 Area Code	931-2	2620 ext. 124 Jephone Number	
	Name	of Person		Area Code	Daytime Tel	lephone Number	
	MAILING A					DURIER ADDRESS:	
Registration Section				Registration Section Division of Corporations			
Division of Corporations P.O. Box 6327					Clifton Building		
	Tallahassee, F					ve Center Circle	
Enclose	ed is a check fo	r the following amou	int:				
20 \$ 70	.00 Filing Fee	□\$78.75 Filing F Certificate of			filing Fee & ed Copy	☐ S87.50 Filing Fee Certificate of Sta 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.	NEO Ph	ilanthropy, Inc	C.		i				
import in language as	NEO Ph: must include the word "INCORPOR will clearly indicate that it is a corpor . "Company" or "Co." may not be use	ration instead of	ia natural person or partr	nership if not so co	of like ontained				
(If name unavailable	in Florida, enter alternate corporate r	name adopted fo	or the purpose of transact	ing business in Flo	orida)				
2	NY	3	13-3191113						
(State or country ur	NY nder the law of which it is incorporate	<u>:d)</u>	(FEI number, if app	licable)	<u>.</u>				
4	10/12/1983 (Incorporation)	5	Perpetual		<u>.</u>				
(Date of	(Incorporation)		(Date of duration, if other	er than perpetual)					
6	affairs in Florida if prior to registration.	N/A							
(Date first conducted a	affairs in Florida if prior to registration.	. See sections 61.	7.1501 & 617.1502, F.S.	to determine penalt	y liability.)				
7	45 West 36th Street, 6th	York, NY 10018	_						
(Principal office address)									
	Same as	street addres	is						
	(Current mai	ling address, if	different)						
NEO Philanthro	ppy, Inc. makes grants, provides	technical ass	sistance, strategic pla	anning and capa	acity				
8 building sup	port to exempt organizations in	terested in so	ocial justice and huma	an rights issues.	<u> </u>				
(Purpose(s) of corpor	ration authorized in home state or cou-	ntry to be carrie	d out in the state of Flori	ida)					
9. Name and street ad	ldress of Florida registered agent:	(P.O. Box <u>NC</u>	<u>PT</u> acceptable)	7. 7182	3 2 T				
Name:	Name: InCorp Services, Inc.								
	Addrager 17888 67th Court North								
	Loxahatchee (City)	. Florid	a 33470	, =					
	(City)		(Zip C	Code) i ii					
10. Registered agen	nt's accontance								
Having been named	as registered agent and to accept	service of pro	cess for the above sta	ted corporation (at the)place				
further agree to com	plication, I hereby accept the app ply with the provisions of all stati iliar with and accept the obligation	utes relative to	the proper and comp	olete performanc	s capacity. I e of my				
		•							
		1		-	+				
	CONTROL DEVIN	ered agent's sign	Indorp.	Irvices.	-4°C				
	(Registe	agent's sign	ature)						
11. Attached is a cert	tificate of existence duly authentic	ated, not more	e 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: John Gilroy Address: 45 West 36th Street, 6th Floor, New York, NY 10018 Vice Chairman: Chris Meyer Address: 45 West 36th Street, 6th Floor, New York, NY 10018 Director: Patricia Bauman Address: 45 West 36th Street, 6th Floor, New York, NY 10018 Address:___ **B. OFFICERS** President: Michele Lord Address: 45 West 36th Street, 6th Floor, New York, NY 10018 Vice President: Address:___ Secretary:_ Address: Treasurer: Christina Schatz Address: 45 West 36th Street, 6th Floor, New York, NY 10018 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Claire Kirby, Attorney in Fact, (Typed or printed name and capacity of person signing application)

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of NEO PHILANTHROPY, INC. was filed on 10/12/1983, under the name of PUBLIC INTEREST PROJECTS, INC., as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment PUBLIC INTEREST PROJECTS, INC., changing its name to NEO PHILANTHROPY, INC., was filed 09/23/2014.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 02nd day of October two thousand and seventeen.

Brendan W. Fitzgerald

Executive Deputy Secretary of State