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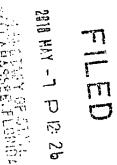
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: Where Every Animal Has A Home 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:							
Carol Pearce Name of Person							
Firm/Company							
Co501 Backus Road Address Mejave CA 93501-7201 City/State and Zip Code							
Mejave CA 93501-720 TO City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Carol Pearce at (CG) 754-503 Name of Person Area Code Daytime Telephone Number							
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration 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 Certificate of Status □ \$78.75 Filing Fee Certified Copy □ \$87.50 Filing Fee, Certificate of Status 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:

(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. (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 82203 5. (Date of Incorporation) (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. (Principal office address)
(Principal office address)
(Current mailing address, if different)
8. Public Charter Acinal Results (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: Carol Pearce TO
Office Address: VSR CF 465 1535
Mayo (City), Florida / 3206 (Zip Code)
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 states 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:	Carol	Peace			
Address:	650	Backus 1	Road		
<u> </u>	maja	ve, CA 935	201-7201		
Vice Chairman:_	NTA				
Address:	NA				
Director:	Julian	Pearce	2		
Address:	6501	Backus	Road		
	moja	ve, CA 93	501-7201		
Director:	Julian	Pearc	<u>e</u>		
Address:		Backus	·		
	majo	eve CA 97	3501-7201		
B. OFFICERS				588	
/President:	Carol	Pearce			· · K. [†]
Address:	6501	Backus F	200d	# F	C AND SERVICE STREET
	majo	WE, CA 93	5501 -7201	<u>د چي</u>	<u> </u>
Vice President:	N/A			<u> </u>	- All Carlot
Address:	NA				·
				Y	
-	J. lian	Pearee	<u> </u>		
Address:	6501	Backus To	Zaad, Maja	VEICA	92501-720
Treasurer:	Juli an	Pearce			
Address: C	501 Ba	ctus Read	, Mojave,	CA 935	<u>01-7201</u>
. /	' / // //	an addendum to the applic	ation listing additional off	icers and/or directo	ors.
13. <u>(Sig</u>	nature of Chairman, V	ice Chairman, or any office	er listed in number 12 of the	ne application)	
14. 🗸 🧘		CHAIRM inted name and capacity of			

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

WHERE EVERY ANIMAL HAS A HOME

FILE NUMBER:

C3592649

FORMATION DATE:

08/02/2013

TYPE:

DOMESTIC NONPROFIT CORPORATION

JURISDICTION:

CALIFORNIA

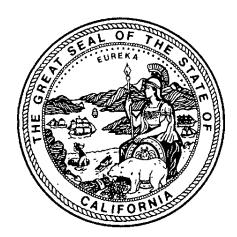
STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity. \simeq



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 10, 2018.

ALEX PADILLA Secretary of State