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' COVER LETTER

_	stration Se	ection orporations				
	Bridge The	e Gap Foundation Corporati	on			
SUBJECT	:	Name of Corpor		clude suffix		
Dear Sir or N	Madam:					
Affairs in Fl	orida", "Ce	ion by Foreign Not for Prortificate of Existence", or enced not for profit corporate.	"Certificate o	f Status" and chec	k are submitted to	
Please return	all corresp	oondence concerning this	matter to the f	ollowing:		
	Mr. Aub	rey Greene				
	<u> </u>	Nam	e of Person			
	Bridge 1	The Gap Foundation, Inc.			2018	
		Fin	n/Company	-	JUN 14 THARTHER SION OF CO	RECE
	9155 N	Cedar Cove Road			7 6 8 8 10.	N H
	Dunnelle	on, Florida 34434	Address		59	GÐ
		City/Sta	te and Zip Cod	e		
	aubrey.g	reene@btg.foundation				
	E-m	nail address: (to be used f	or future annua	l report notification	on)	
For further is	nformation	concerning this matter, p	lease call:			
Carolyn Geo	:k		727 at ()	776 0502		
	Name (of Person	Area Code	Daytime Telep	hone Number	
Reg Divi P.O.	ILING AD istration Se sion of Cor Box 6327 ahassee, FL	ction porations		STREET/COUR Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle	
Enclosed is	a check for	the following amount:				(
□ \$70.00 F	iling Fee	□\$78.75 Filing Fee & Certificate of Statu		Filing Fee & ed Copv	\$87.50 Filing Fe	

Certified Copy

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

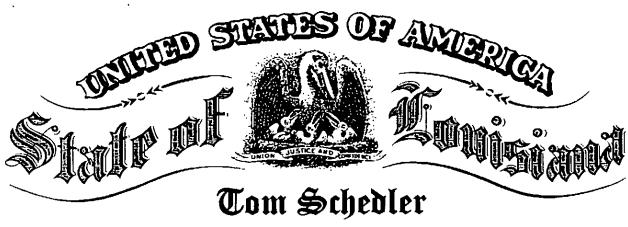
IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1.	ap Foundation, Inc.		
import in langua in the name at p	oration: must include the word "INCORPORATED" or "CORPOR age as will clearly indicate that it is a corporation instead of a nature or "Co." may not be used as a corporate suffix a Skilled Trades & Craft Training Center, Inc	iral person or partnership if not so conta	ike ined
(If name unava	ailable in Florida, enter alternate corporate name adopted for the p	ourpose of transacting business in Florid	a)
2. Louisiana	ntry under the law of which it is incorporated) 3. 47-5392431 (F		
(State or cour	ntry under the law of which it is incorporated) (F	El number, if applicable)	
4. 10/15/2015			
([Date of Incorporation) (Date	of duration, if other than perpetual)	
6. <u>NA</u>			 .
(Date first cond	ucted affairs in Florida if prior to registration. See sections 617.1501	& 617.1502, F.S. to determine penalty li	ability.)
19046 Bruce B	3. Downs Blvd #104, Tampa FL 33647	د	
'· 	(Principal office address)	<u>ि</u>	
			*
	(Current mailing address, if differe	nt)	_ ·
		. =	
	ganization for Skilled Trades & Craft School and Programs	يب	-
(Purpose(s) of	corporation authorized in home state or country to be carried out	in the state of Florida)	7
9. Name and str	reet address of Florida registered agent: (P.O. Box NOT acc		. 3
Name:	Carolyn Geck		
	11105 1st Street East		
	Treasure Island , Florida 337	06	
	(City)	(Zip Code)	
Having been no designated in th further agree to	I agent's acceptance: amed as registered agent and to accept service of process f his application, I hereby accept the appointment as registe o comply with the provisions of all statutes relative to the p in familiar with and accept the obligations of my position of	red agent and agree to act in this corroper and complete performance o	apacity. I
	Cauly Gal (Registered agent's 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. Names and addresses of officers and/or directors

A. DIRECTORS Aubrey Greene Chairman: 9155 N Cedar Cove Rd Address: Dunnellon, Florida 34434 Vice Chairman: Bryson Ward Director: 703 N Venturi Avenue Address: Crystal River, Florida 34429 Desiree C Harmon Director: 10311 Cement Plant Road Address:__ Brooksville, FL 34601 B. OFFICERS President: Address: __ Vice President: Address: Address:_ Treasurer: 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) Aubrey Greene, Board Chair (Typed or printed name and capacity of person signing application)



SECRETARY OF STATE

As Secretary of State, of the State of Louisiana, I do hereby Certify that

the Articles of Incorporation of

BRIDGE THE GAP FOUNDATION

Domiciled at BATON ROUGE, LOUISIANA,

Were filed in this Office and a Certificate of Incorporation was issued on October 15, 2015,

I further certify that no Certificate of Dissolution or Termination has been issued.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

May 1, 2018

Certificate ID: 10946932#ARK73

To validate this certificate, visit the following web site, go to Business Services, Search for Louisiana Business Filings, Validate a Certificate, then follow the instructions displayed.

www.sos.la.gov

Secretary of State
Web 42043330N