(Re	equestor's Name)			
(Ac	ddress)			
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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SECRETARY OF STATE

Y SCOTT JUN 2 22019



COVER LETTER

	Registration Section	
U	Division of Corporations	
SUBJEC	CT: Squirrel Monkey Haven Inc.	
	Name of Corporation – must include suffix	
Dear Sir (or Madam:	
Affairs in	losed "Application by Foreign Not for Profit Corporation for Authorization to Conduct in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted the above referenced not for profit corporation to conduct its affairs in Florida.	ed to
Please ret	eturn all correspondence concerning this matter to the following:	<u> </u>
	Christine Buckmaster	
	Name of Person	= -
	Squirrel MonkeyHaven Inc.	R PR
	Firm/Company 70	بِبَ
		FILED FILED PH 3: 22
	PO Box 20452	
	Address	
	Stanford, CA 94309-0452	
	City/State and Zip Code	
	clbuckmaster2@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For furthe	ner information concerning this matter, please call:	
Christine	ne Buckmaster 650 644-7322 at ()	
	Name of Person Area Code Daytime Telephone Number	:r
R D P	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Fl. 32314 CSTREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, Fl. 32301	
Please mal		Filing Fee, ate of Status & I Conv

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

 \mathbf{Q}^{-1}

IN COMPLIANCE WITH SECTION 617.1563, 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:

	nkey Haven Inc.		
import in langua	ration: must include the word "INCORPORA age as will clearly indicate that it is a corpora resent, "Company" or "Co." may not be used	ition instead of a natural person or partne	ership if not so contained
SMH Inc.			
(If name unava	ailable in Florida, enter alternate corporate na	ame adopted for the purpose of transacting	ig business in Florida)
California,US	SA	3 81-3397130	
(State or cour	ntry under the law of which it is incorporated	3, <u>81-3397130</u> (FEI number, if applie	cable)
April 27, 2016	3		
1)	Date of Incorporation)	5. (Date of duration, if other	than perpetual)
January 1, 20	019		_ ~ >
(Date first cond	ucted affairs in Florida if prior to registration. S	see sections 617-1501 & 617,1502, F.S. to	datermine penalty liability.)
	ensin Rd Galt, CA 95612		AR E TI
		office street address)	
	(1.111)	,	SSE IS
PO Box 20452	Stanford, CA 94309-0452		m _o _p m
	(Current maili	ng address, if different)	N 3: 22
			3: 22 STATE
Provide squir	rel monkeys retired from research lifelong	g accredited sanctuary care.	
(Purpose(s) of o	corporation authorized in home state or count	try to be carried out in the state of Florid	a)
Name and stre	eet address of Florida registered agent: (F	O Box NOT acceptable)	
ranic and <u>str</u>	<u>ser address</u> of 1 fortuninegistered agent. (1	io. Box iver acceptance	
	Christine Buckmaster		
Name:	Cilistine buckinastei		
			
	13915 N State Rd 121 Gainesville	. Florida 32653	
	13915 N State Rd 121	Florida 32653 (Zip Code)	
ffice Address:	13915 N State Rd 121 Gainesville (City)	Florida 32653 (Zip Code)	
fice Address:). Registered	13915 N State Rd 121 Gainesville (City) agent's acceptance:	(Zip Code)	d carnoration at the place
ffice Address: 0. Registered aving been na signated in the rither agree to	13915 N State Rd 121 Gainesville (City)	(Z.p Code) ervice of process for the above state intment as registered agent and agra es relative to the proper and comple	ee to act in this capacity.
ffice Address: O. Registered aving been na signated in the rither agree to	13915 N State Rd 121 Gainesville (City) agent's acceptance: med as registered agent and to accept so is application, I hereby accept the appo-	(Z.p Code) ervice of process for the above state intment as registered agent and agra es relative to the proper and comple	ee to act in this capacity.
Tice Address: O. Registered iving been na signated in the other agree to	Gainesville (City) Lagent's acceptance: med as registered agent and to accept so is application, I hereby accept the appoint and to accept the appoint are with and accept the obligations of my	(Z.p Code) ervice of process for the above state intment as registered agent and agra es relative to the proper and comple	ee to act in this capacity.
Tice Address: O. Registered aving been na signated in the other agree to	Gainesville (City) I agent's acceptance: med as registered agent and to accept so is application, I hereby accept the appoil comply with the provisions of all statut ar with and accept the obligations of my	(Z.p Code) ervice of process for the above state intment as registered agent and agra es relative to the proper and comple	ee to act in this capacity.

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTOR Chairman Vice Chairman Director President Vice President Secretary Other:	Christine Buckinastet	Wendy Baumgardner PO Box 20452 CA 94309 □'freasurer □ Other:
□Chairman □Vice Chairman □Director □President □Vice President □Secretary officer □Other:	PO Box 20452 Idress: Inford, CA 94309 Director President Vice President Secretary	2019 JUN 19 PHESSEE. FLORIDA
Non-indexed ind	Address: Director	Annuar Report form.
□Director □President □Vice President □Secretary □Other: ■NOTE: Importa Non-indexed ind 13.	Director President	111

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

SOUIRREL MONKEY HAVEN

FILE NUMBER:

C3901124

FORMATION DATE:

04/27/2016

TYPE:

DOMESTIC NONPROFIT CORPORATION

JURISDICTION: CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of Carifornia, Chereby 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.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 15, 2019.

ALEX PADILLA Secretary of State