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| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: Ronnique requested that "Corporation" be added to the alt. rame | | | | | |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 26, 2019

RONNIQUE HAWKINS PO BOX 3333 SARASOTA, FL 34230

SUBJECT: LEARN MY HISTORY FOUNDATION

Ref. Number: W19000056203

We have received your document for LEARN MY HISTORY FOUNDATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

On the alternate name, place the exactly how it is on the certificate of existence, along with a corporate suffix

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brooke N Kinsey Regulatory Specialist II

www.sunbiz.org

Letter Number: 019A00012958

Division of the property of th



June 12, 2019

RONNIQUE HAWKINS PO BOX 3333 SARASOTA, FL 34230

SUBJECT: LEARN MY HISTORY FOUNDATION

Ref. Number: W19000056203

We have received your document for LEARN MY HISTORY FOUNDATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

On the alternate name line, place the name exactly how it is on the certificate of existence, along with a corporate suffix,

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listedin #11 of this form.

The name and title of the person signing the document must be noted beneath or opposite the signature.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Brooke N Kinsey
Regulatory Specialist II RECEIVED

Letter Number: 919A00011816

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COVER LETTER

| то: | Registration So Division of C | | | | | |
|----------|--|--|---|--|-----------------------|-----------------------|
| SUBJ | ECT: | Leasn My f | history Foundan n-musicalende suffix | tion | | _ |
| Dear S | ir or Madam: | | | | | |
| Affairs | s in Florida", "Ce | ion by Foreign Not for Profit ertificate of Existence", or "Ce enced not for profit corporatio | rtificate of Status" and che | ck are sub | | |
| Please | return all corresp | oondence concerning this matt | er to the following: | | | |
| | | Ronnique of Same of Learn My History | Cison | <u> </u> | | |
| | | P. O. Box 33 | | | | |
| For fur | | Sara Sofa Fl City/State and Lean my h i Sfora (a nail address: (to be used for fu concerning this matter, please | . 34230 I Zip Code I <i>Ymai - Com</i> Iuw annual report notificat | ion) FC | Ferric IART OF MAIN | TO HIN TO KING TO ST. |
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| Please n | nake check payabl | the following amount: e to: FLORIDA DEPARTMEN \$78.75 Filing Fee & Certificate of Status | □\$78.75 Filing Fee & | | | ng Fee. |
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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. Learn My History, Toundation | |
|--|--|
| 1. Lean My History Tourdation (Name of corporation) must include the word "INCORPORATION" or "CORPORATION" or words or import in language as will clearly indicate that it is a corporation instead of a natural person or partner in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporate suffix by a nonpr | abbreviations of like ship if not so contained oration.) |
| Learn My History Foundation Corporation (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting | |
| (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting | business in Florida) |
| | |
| 2. New York 3. Eir - 20-5794552 (State or country under he law of which it is incorporated) (FEI number, if applica | hl., |
| (State of Collady Underwice law of which it is the of porated) (Fig. thumber, it applies | oic) |
| 4. 10/25/3006 5. n/Q (Date of Inforporation) (Date of duration, if other the | nan nernetual) |
| nla | mi perpetuari |
| 6. Date first conducted affairs in Florida if prior to registration. See sections 617,1501 & 617,1502, F.S. to d | etermine penalty liability v |
| | erermine periang marany, p |
| 7. 2921 Washington Court, Sarasita F1.34234 | |
| (Trincipal office <u>street</u> address) | |
| 7. 2931 We Shington Court, Sarasota Fl. 34234 (Principal office street address) Po Box 3333 Sarasota Florida 34230 (Current mailing address. if different) | |
| | |
| 8. Youth Employed Mentoins (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: Romagice Hawkins Office Address: 2931 Washington Count Sunsoia 14234 (City) Florida 14234 (Zip Code) | Brins |
| to appear to the state of the s | 9 |
| 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) | |
| | ¥ 27 = |
| Name: Konngree Hawkins | _ <u></u> |
| Office Address: 2931 Washington Court | |
| Sansvita Florida 34234 | 图图 5 |
| (City) (Zip Code) | — <u>\$</u> m → |
| 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 |
| Having been named as registered agent and to accept service of process for the above stated of designated in this application. I hereby accept the appointment as registered agent and agree further agree to comply with the provisions of all statutes relative to the proper and complete | to act in this capacity. I |
| Having been named as registered agent and to accept service of process for the above stated of designated in this application. I hereby accept the appointment as registered agent and agree further agree to comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligations of my position as registered agent. | to act in this capacity. I |
| designated in this application. I hereby accept the appointment as registered agent and agree further agree to comply with the provisions of all statutes relative to the proper and complete | to act in this capacity. I |
| designated in this application. I hereby accept the appointment as registered agent and agree further agree to comply with the provisions of all statutes relative to the proper and complete | to act in this capacity. I |
| designated in this application. I hereby accept the appointment as registered agent and agree further agree to comply with the provisions of all statutes relative to the proper and complete | to act in this capacity. I |

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 | S. | | |
|--------------------|--|---------------------|--|
| □ Ch≥irman | Name: Ronnique, HawKins | □Chairman | Name: |
| □Vice Chairman | Address: <u>10 BOX 3332</u> | □Vice Chairman | |
| <u>□</u> Director | Sansofa H. 34230 | □Director | |
| ⊠ President | | □President | |
| □Vice President | | □Vice Presiden: | |
| ☐Secretary | □Treasurer | □Secretary | □Treasurer |
| □Other: Exec. | Director 🗆 Other: | □ Other: | |
| □Chairman | Name: Dernick Love | □Chairman | \.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\. |
| | Address: 179-01 Selvier Rd | UVice Chairman | Name: |
| | Janaica NY-11434 | Director | Addiess. |
| □President | | □President | |
| □Vice President | | □Vice President | |
| ⊠ Secretary | □Treasurer | ☐Secretary | © Treasurer |
| □Other: | Other: | Other: | |
| □Chairman | Name: Carlton Ridenhows | □Chairman | Name: ALLA |
| □Vice Chairman | Address: 7030 Wakafield Pl | □Vice Chairman | Address St. 2 2 |
| Director | College Park, Georgia | □Director | |
| □President | 30 349 | □President | P. 1 |
| Vice President | | □Vice President | 57 S |
| □Secretary | □Treasurer | ☐Secretary | (a) Treasurer |
| □Other: | □ Other: | ☐ Other: | ☐ Other: |
| Non-indexed indiv | Notice: Use an attachment to report more than six (iduals may be added to the index when filing your F | lorida Department o | of State Annual Report form. |
| 14. <u>Ronni</u> | Signature of Chairman, Vice Chairman, or any office flack ns Fxecutive Direction (Typed or printed name and capacity of personal capacity) | on Prociden | 4 |

State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of LEARN MY HISTORY FOUNDATION was filed on 10/25/2006, 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.



安岭水

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 27th day of June 1000 thousand and nineteen.

Braden C Hydra

Brendan C Hughes
Executive Deputy Secretary of State