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## **COVER LETTER**

Division of Corporations
SUBJECT: Main Street USA Foundation a NJ neaprofit  Name of Corporation - must include suffix  Corporation
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:
Please return all correspondence concerning this matter to the following:    Main Street USA Foundation   Please   Pleas
Main Street USA Foundation ST F
2103 Lake Baldwin Lane #106
Address
Orlando FL 32814 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
$\frac{\text{Name of Person}}{\text{Name of Person}} = \frac{\text{at} \left(\frac{908}{\text{Ode}}\right)}{\text{Area Code}} = \frac{\text{Y 97} - \text{72 78}}{\text{Daytime Telephone Number}}$
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32303  Area Code Daytime Telephone Number  Street Address: Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee Tallahassee, FL 32303
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$\Begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

## 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 corpora import in languagin the name at pro	Street US A Force ration: must include the word "lage as will clearly indicate that resent. "Company" or "Co." ma	NCORPORATED" it is a corporation ins y not be used as a co	NT POX POT or "CORPORATION tead of a natural persorporate suffix by a no	or words or abon or partnership nprofit corporal	ρον breviati p if not ion.)	ions of like so contained
(If name unavai	nilable in Florida, enter alternato	corporate name ado	pted for the purpose of	of transacting bu	isiness i	in Florida)
$\frac{N \notin \mathcal{O}}{\text{(State or count})}$ $\frac{O \supset / \mathcal{O} \subseteq \mathcal{O}}{\text{(D)}}$	Date of Incorporation) $ \int \frac{2 \cdot 0}{2 \cdot 0} = \frac{1}{2} $	incorporated) 35	20-28941 (FEI numb W/A (Date of durati	33 eer, if applicable on, if other than	) i perpet	
no bear	ind hus been C	onclusted - 1	equit - effe	else date	_3_	Jan 15, 2
. 2103 L	Services to da advace corporation authorized in home	(Principal office st	reet address)	ALL/H	32 <b>020 JA</b>	<u>14</u>
	(	Cürrent mailing addr	ess, if different)	SSEC	N 17 P	Γ- ΓΓ1
Provide S (Purpose(s) of co	Servi Go At da advo corporation authorized in home	state or country to be	the carried out in the sta	ne of Florida).	<u> </u>	
). Name and <u>stre</u>	eet address of Florida registe	red agent: (P.O. Bo	ox <u>NOT</u> acceptable	) A	£	
Name: _ Office Address: _	M Scarlitt 2103 Lake Ball Orlando (City)	dwin Lan	e #10(a		_	
-	Orlando (City)	, I	Florida <u>F ८</u> (Zi	32814 p Code)	<i>i</i> -	
10. Registered	l agent's acceptance: amed as registered agent and					ion at the plan

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 statutes 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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) totall: Michiel 11 A. DIRECTORS Name Scarlett Parsaud Name: \_\_\_\_\_\_ □Chairman □ Chairman Address: 2103 Late Baldwin Address: □ Vice Chairman □ Vice Chairman Lane H (UC) □Director Director Orlando, Ec 32814 '⊠President □President □Vice President □ Vice President ☐Treasurer □ Secretary ☐Treasurer □ Secretary ÜQther: □Other: [] Other:\_\_\_\_\_ □Other: Name: Daraka Prisand □Chairman □Chairman Address: 2103 Call Baldwin □Vice Chairman Lace # 100 □Director Director Oriando BEL 32814 []President □ President Vice President □Vice President □Treasurer □ Secretary □ Secretary □Other: \_\_\_\_\_ ☐ Other:\_\_\_\_\_ □Other:\_\_\_ □Other: Name Julianna Ormend □ Chairman Name: □Chairman Address: □Vice Chairman ☑Director □Director Marchand FL □President □President ☐ Vice President □Vice President □ Secretary ☐ Treasurer □Treasurer □ Secretary ☐ Other:\_\_\_\_\_ □Other:\_\_\_\_ □Other:\_\_\_\_\_ Non-indexed individuals may be added)to the index when filing your Florida Department of State Annual Report form.

13. \( \frac{1}{2} \) NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) (Typed or printed name and capacity of person signing application)

### STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

#### MAIN STREET USA FOUNDATION A NJ NONPROFIT CORPORATION 0400093520

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersev Domestic Non-Profit Corporation was registered by this office on May 25, 2005.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

MINDY SCARLETT 151 W. Main St. F13 Rahway, NJ 07065

IN TESTIMONY WHEREOF Liave

hereunto set my hand and affixed; my Official Scal at Trenton, this Th 2nd day of January, 2020

des A Mun

Elizabeth Maher Muoio State Treasurer

Certificate Number + 2449070642

Verify this certificate online at

https://www1-state.nj.us/TYTR\_StandingCeruJSP/Verify\_Cert-jsp