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T GLASS MAY 0 1 2020

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT: 180 Corporation
SCD,	Name of Corporation – must include suffix
Dear S	Sir or Madam:
Affair	iclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to it the above referenced not for profit corporation to conduct its affairs in Florida.
Please	return all correspondence concerning this matter to the following:
	Susan Alston Johnson
	Name of Person
	180 Corporation
	Firm/Company
	322 Falling Water Ln SW
	ယ် ကြောင်းကို ကြောင်းကို ကြောင်းကို ကြောင်းကို ကြောင်းကို ကြောင့် ကြောင်းကို ကြောင်းကို ကြောင်းကို ကြောင်းကို ကြေ
	Address
	Madison, AL 35756 بې City/State and Zip Code
	City/State and Zip Code
	Susan.Alston@180Direction.org
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Susan	Alston Johnson 772 971-0198
	Name of Person at (
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE 0.00 Filing Fee \$\Bigsim \frac{1}{2}\$78.75 Filing Fee & \$\Bigsim \frac{1}{2}\$87.50 Filing Fee, Certificate of Status Certified Copy 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:

1. 180 Corporati	on		
(Name of corpo	ration: must include the word "INCORP	ORATED" or "CORPORATION" or words or abbreviation poration instead of a natural person or partnership if not so used as a corporate suffix by a nonprofit corporation.)	ns of like contained
	Eighty Corporation		
(If name unave	silable in Florida, enter alternate corpora	te name adopted for the purpose of transacting business in	Florida)
2. Alabama		3, 81-4226786 (FEI number, if applicable)	
(State or cour			
4. 05/17/2017		5. Perpetual (Date of duration, if other than perpetua	
(1)	Pate of Incorporation)	(Date of duration, if other than perpetua	1)
Not yet condu	eted affairs in Florida. May 4, 2020 is e	xpected start date on. See sections 617,1501 & 617,1502, F.S. to determine pen	
(Date first cond	ucted affairs in Florida if prior to registrati	on. See sections 617,1501 & 617,1502, F.S. to determine pen	alty liability.)
322 Falling W	ater Ln SW. Madison, AL 35756		
·		pal office <u>street</u> address)	
same	(Current r	nailing address, if different)	
	(Curein I	The state of the s	
Community	miles for familiar before and after disse	ter mentaring education compart community development	nt all law
(Purpose(s) of	comporation authorized in home state or	ters, mentoring, education support, community development country to be carried out in the state of Florida)	
10 42 10 10 10 10 10 10 10 10 10 10 10 10 10		, , , , , , , , , , , , , , , , , , , ,	26
9. Name and <u>str</u>	cet address of Florida registered ager	nt: (P.O. Box <u>NOT</u> acceptable)	2020 / . 2: 30
	Calinia Can Humakaias		
Name:	Calisia Cox-Humphries		ري ج
Office Address:	12551 NW Toblin Ln		
	Port St. Lucie	, Florida 34987 (Zip Code)	ि :-
	(City)	(Zip Code)	رب
16 Denistra	A		24
10. Kegisteret Having been ni	i agent's acceptance: amed as revistered agent and to acce	ept service of process for the above stated corporation	
designated in th	is application. I hereby accept the a	appointment as registered agent and agree to act in t	his capacity. I
further agree to and I um famili	o comply with the provisions of all st iar with and accept the obligations g	atutes relative to the proper and complete performation my partition as registered upent.	ice of my duties
	~ // /		
	(Beg	istered agent's signature)	
11. Attached is	a certificate of existence duly author	iticated, not more than 90 days prior to delivery of thi	is application to
	nent of State, by the Secretary of Sta ounder the law of which it is incorpor	te or other official having custody of corporate record rated.	s in the

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

A. DIRECTOR	Susan Alston Johnson		Awalski M. Moore			
≡ Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	Fort Pierce, FL 34948	■Director	Birmingham, AL 35204			
□President		□President				
□Vice President		□Vice President				
□Secretary	☐Treasurer	☐ Secretary	□Treasurer			
Other:	☐ Other:	□Other:	□Other:			
□Chairman	Name: Barbara Patterson	Chairman	Name: Calisia Cox-Humphrics			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	Vallejo, CA 94590	□n;	Port St. Lucie, FL 34987			
□President		□President				
□Vice President		□Vice President				
Secretary	Treasurer	☐ Secretary	☐Treasurer,			
□Other:	Other:	□Other:	□Other:			
			: O			
□Chairman	Name:	□ Chairman				
□Vice Chairman	Address:	□Vice Chairman	မှာ Address: <u>r></u>			
□Director		□Director				
□President		☐ President				
□Vice President		□Vice President				
□Secretary	□Treasurer	☐ Secretary	□Treasurer			
Other:	Other:	□Other:	Other:			
NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Susan Alston Johnson, Chair (Timed or printed pages and capacity of person signing application)						

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that 180 Corporation was formed in Madison County, Alabama on May 17, 2017. The Alabama Entity Identification number for this entity is 391-970. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20200423000001084

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

04/23/2020

Date

J. H. Menill

John H. Merrill

Secretary of State