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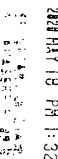
| (F | Requestor's Name) |
|----------------------|-------------------------|
| (/ | Address) |
| (/ | Address) |
| (0 | City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (i | Business Entity Name) |
| (I) | Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | to Filing Officer; |
| | |
| | |
| | |
| | |

Office Use Only



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03/30/20--01008--016 **70.00



MAY 19 2020 M. SOLOMON

COVER LETTER

| TO: | Registration Division of | Section Corporations | | | | |
|--------|-----------------------------|---|-----------------|------------------|--|-------------------------|
| SUBJ | ECT: | | | Coalition, Inc | | <u></u> |
| | | Name of C | Corporation | - must incl | ide sullix | |
| Dear S | Sir or Madam: | | | | | |
| Affair | s in Florida", | ication by Foreign Not "Certificate of Existence eferenced not for profit | ce", or "Co | rtificate of St | atus" and check | k are submitted to |
| Please | return all cor | respondence concernin | g this matt | er to the follo | owing: | |
| | | | Janeall | | <u>. </u> | |
| | | | Name of | Person | | |
| | | | Labyrint | h, Inc. | | |
| | | | Firm/Co | mpany | | <u> </u> |
| | | | | | | |
| | | 4050 0-1 | | - Mary Cuite | 200 | |
| | | 1959 Pai | omar Oak Add | s Way, Suite | 300 | |
| | | | | | | |
| | _ | | arisbad, (| | | |
| | | C | ity/State ar | d Zip Code | | |
| | | ian | eall@laby | rinthinc.com | 1 | |
| | | E-mail address: (to be | used for f | uture annual | report notificat | ion) |
| For f | urther informa | ntion concerning this m | atter, pleas | e call: | | |
| | | aneall Lucas | at (| 760) | 931-262 | 20 ext. 237 |
| | N: | ame of Person | | Area Code | Daytime Tele | phone Number |
| | | G ADDRESS: on Section | | | Registration So | |
| | Division of | f Corporations | | | Division of Co Clifton Buildir | |
| | P.O. Box Tallahasso | 6327 cc, FL 32314 | | | | e Center Circle |
| Encl | osed is a chec | k for the following am | ount: | INTER CATACONE A | | - |
| | | payable to: FLORIDA D Fee \$78.75 Filin | | | Filing Fee & | \$87.50 Filing Fee, |
| נבו | \$70.00 Filing | Certificate | = | | ed Copy | Certificate of Status & |

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:

| | Hum | an Coalition, | Inc. | | | |
|----------------------------|---|-------------------|---------------------|----------------------------------|---------------------------------|--------------|
| import in language as wi | ust include the word "INCORI Il clearly indicate that it is a co Company" or "Co." may not be | moration insta | ad of a natur | al person of partnership it no | tions of like t so contained | |
| in the timite at present. | company or do: may not or | . 4000 00 4 7 7 1 | • | | | |
| ale | Florida, enter alternate corpor | ate name adont | ed for the nu | irrose of transacting business | in Florida) | |
| (II name unavanaoie in | Profida, effici afternate corpor | ate terme adopt | ca for the pe | mpone or unitabling occurs. | , | |
| , | Texas | 3 | | 26-4099950 | | |
| (State or country und | Texas er the law of which it is incorps | orated) | (FI | El number, il applicable) | | |
| | 1/21/2009 | 5 | | Perpetual | | |
| (Date of I | 1/21/2009 (corporation) | | (Date o | of duration, if other than perpe | tual) | |
| | | | | | | |
| (Date first conducted atl | airs in Florida if prior to registra | tion. See section | ıs 617.1501 | & 617,1502, F.S., to determine | penalty liability.) | |
| 7. 781 |) • 7 008 N orth Dallas Par | kwav. Suite 5 | 50, Plano | , TX 75024 | | |
| 7 | (Princ | cipal office stre | et address) | | | |
| | | | TV 75004 | | | |
| | PO Box 5 | 052, Plano, | IX /5UZ4 | nt) | | |
| | | | | | | |
| Human Coalition w | ras organized for the purpo | se of workin | g to assist | women and their familie | s with the | |
| 8. concerns of unexp | ected pregnancy. ion authorized in home state or | | a i i i i a i a i i | n thu state of Florida | | 43 |
| (Purpose(s) of corporat | ion authorized in home state of | r country to be | carried out i | in the state of Fiorida) | | (#28 F) 5. T |
| 9 Name and street add | ress of Florida registered ag | ent: (P.O. Box | NOT acco | eptable) | The sale | |
| y. Attains and garrenge | | , | | | | |
| Name: | InCor | p Services, I | nc. | | | C: |
| Office Address: | InCorp Services, Inc. 17888 67th Court North | | | | 7 | |
| Office Address. | Lovahatchee | | lorida | 33470 | | |
| | Loxahatchee (City) | , [1] | | (Zip Code) | 52 F 52 F | C |
| | • | | | | i.e. | N |
| 10. Registered agent | 's acceptance: | _ | | | ما من سو دار من سور | |
| | s registered agent and to ac lication, I hereby accept the | | | | | |
| for the second of a commen | is suth the measuring of all | στοτίμτος τρίμι | we w me n | rover una comunete perior | mance of my di | uties, |
| and I am familiar with | i and accept the obligations | of my positic | on as regist | tered agent. | | |
| | | _ | 1 | | | |
| | Seak of | Maria | | | | |
| _ | VIRA (R | egistered 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) total]:

| A. DIRECTORS | |
|--|--|
| OCharman Name: Brian Fisher | DChairman Name: Jeremy Aranda |
| Vice Chairman Address: | □Vice Chairman Address: |
| □Director 7800 7808 North Dallas Parkway, Suite | Director 7600 7908 North Dallas Parkway, Suite |
| MPresident Plano, TX 75024 | □President Plano, TX 75024 |
| □Vice President | Notice President |
| □Secretary □Treasurer | □Secretary □Treasurer |
| □Other: □ Other: □ | ☐ Other: ☐ Other: |
| □Chairman Name: Frank Garcia | □Chairman Name: Barry Moerschell |
| □Vice Chairman Address: | □Vice Chairman Address: |
| □Director 76007998 North Dallas Parkway, Suite | Director 7 600 7008 North Dallas Parkway, Suite |
| □President Plano, TX 75024 | ©President Plano, TX 75024 |
| □Vice President | □Vice President |
| ☐Secretary ☑Treasurer | |
| Other: | Other: Other: |
| □Chairman Name: | □Chairman Name: Darrell Jordan |
| DVice Chairman Address: | □Vice Chairman Address: |
| □Director | Director 7800 7008 North Dallas Parkway, Suite |
| DPresident | □President Plano, TX 75024 |
| OVice President | □Vice President |
| □Secretary □Trensurer | Secretary DOAPO Treasurer |
| Other: | Other: DIPCOR Other: |
| NOTE: Important Notice: Use an attachment to report more than six Non-indexed individuals may be added to the index when thing your | r(6). The attachment will be imaged for reporting purposes only. Florida Department of State Annual Report form. |
| 13. (Signature of Chairman) Vice Chairman, or tury of | |
| Brian Fisher, F | President |
| (Typed or printed name and capacity of p | erson signing anoncation) |

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Human Coalition (file number 801076579), a Domestic Nonprofit Corporation, was filed in this office on January 21, 2009.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 12, 2020.



Ruth R. Hughs Secretary of State

Come visit us on the internet at https://www.sos.texas.gov/
Phone: (512) 463-5555 Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services
Prepared by: SOS-WEB TID: 10264 Document: 969820450003



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 3, 2020

corrected

JANEALL LUCAS LABYRINTH, INC. 1959 PALOMAR OAKS WAY, SUITE 300 CARLSBAD, CA 92011

SUBJECT: HUMAN COALITION, INC.

Ref. Number: W20000034734

We have received your document for HUMAN COALITION, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

"Other" was listed for Darrell Jordan. However, no title was assigned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon Regulatory Specialist II Supervisor

Letter Number: 420A00007234

RECEIVED



WAY, SUITE 300 ALITION, INC. 1034734 PALITION AND ALITION AND ALITICAL AND ALITION AND ALITICAL AND ALITICAL

April 21, 2020

JANEALL LUCAS LABYRINTH, INC. 1959 PALOMAR OAKS WAY, SUITE 300 CARLSBAD, CA 92011

SUBJECT: HUMAN COALITION, INC.

Ref. Number: W20000034734

We have received your document for HUMAN COALITION, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please accept our apology for failing to mention this in our previous letter.

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon Regulatory Specialist II Supervisor

Letter Number: 420A00008303

RECEIVED MAY 1 8 2020