F20000002876

(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: 6/25 Progred Corrected paperwork
Special instructions to Filling Officer: 6/25 Peaceword Corrected paperwork ultiple Ultiple

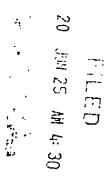
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	F.CT. Finding Freedom Through Friendship, Inc.
SUDa	Name of Corporation – must include suffix
Dear S	iir or Madam:
Affairs	aclosed "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 rethe above referenced not for profit corporation to conduct its affairs in Florida.
Please	return all correspondence concerning this matter to the following:
	Jody Greenlee
	Name of Person
	Finding Freedom Through Friendship, Inc.
	Firm/Company
	1781 Eastwood Drive
	Address
	Lexington, KY 40502
	City/state and Zip Code
	Jody@FreedomThroughFriendship.org
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
Jody (Greenlee 859 608-7747 at (
	Name of Person Area Code Daytime Telephone Number
	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

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:

Finding Freed	om Through Friendship, Inc.				
(Name of corpor import in langua in the name at p	ration: must include the word "INCORI age as will clearly indicate that it is a co resent. "Company" or "Co." may not be	PORATED" or " orporation instead e used as a corpo	CORPORATION" or words or abbre of a natural person or partnership if rate suffix by a nonprofit corporation	eviations of not so coin.)	f like itained
(If name unava	ilable in Florida, enter alternate corpor	ate name adopte	for the purpose of transacting busing	ness in Flo	rida)
2. Kentucky	ntry under the law of which it is incorpo	3, 27-127	0425		
(State or cour	ntry under the law of which it is incorpo	orated)	(FEI number, if applicable)		
4. 10/23/2009		5			
(f)	Date of Incorporation)	* • •	(Date of duration, if other than po	erpetual)	<u>-</u>
6	ucted affairs in Florida if prior to registra				
				ine penalty	liability.)
7 95023 Sandpip	per Loop Armelia Island	1 3203L	1		
··	(Princ	ipal office stree	address)		
-	(Current	mailing address.	if different)		
		2		(2) (3)	
8. Public charity				· ,,,,	,
(Purpose(s) of a	corporation authorized in home state or	country to be ca	rried out in the state of Florida)		•
				25	
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)				3-	
					J
Name:	Marguerite Doyle		·	-	
Office Address:	95023 Sandpiper Loop			30	
		, Flo	rida ³²⁰³⁴		
	(City)		(Zip Code)		

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 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.

Man grient e Disché (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) total):

A. DIRECTOR ■Chairman	S Jody Greenlee Name:	⊒Chairman	Name	Wendy N	AcNevin .		
□Vice Chairman							•
□Director	Address: Lexington, KY 40502 + 1781 EAS+wood Daine	□ Director	¥ 25	73 <u>r</u>	ANbury	LANE	-
□President		■ President					-
□Vice President		□Vice President					_
☐ Secretary	☐Treasurer	□ Secretary		С	D'Treusurer		
□Other:	Other:	□Other:		Į.	Other:		-
□Chairman	Michael McNevin	□Chairman	Name:	Mary Ka	y Hall		
□Vice Chairman	Address: Highlands Ranch, CO 80126						_
□Director →	Address: Highlands Ranch, CO 80126 2573 DANBURY LANC	□Director	* 13	3 Gai	sville, KY 40.	<i>ب</i> ر	-
President		□President					_
□Vice President		□Vice President			20		_
☐ Secretary	□Treasurer	■ Secretary		C	Treasurer CO	- -	
□Other:	□ ()ther:	□Other:		Į.	ഗ ⊒Other: <u></u>	m	-
□Chairman	Name: Marguerite Doyle	□Chairman	Namei	Rae Hou	4: 30		_
□Vice Chairman	Address: Amelia Island, FL 32034 4 95023 SANDPIPER LOOP	□Vice Chairman	Address:	Lexingto	on. KY 40504 lymouth	Book	. م
■Director	- 130KS SIMBPIPEL COP	Director	الا الا		- Iqinowini		
□President		□President					-
□Vice President	VF-11-24-25	□Vice President					-
☐ Secretary	■ Treasurer	□Secretary		Ξ	□Treasurer		
□Other:		□Other:		Ę	□Other:		-
Non-indexed indiv	Notice: Use an attachment to report more than six ideas may be added to the index when filing your signature of Chairman, vice Chairman, or any of Covery Co	Florida Department	of State A	nnual Rep	port form.		

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

Chairman	Name:	Chairman	Name: Fabiola DeSamayoa
Vice Chairman	Address: Lexington, KY 40510	- Vice Chairman	Address: Quetzaltenango Guatemala
■ Directo:	→ 3801 MRAGE C+.	■ Director	* \$ maring address
President		President	
Vice President		⁺ Vice President	
Secretary	Treasurer	Secretary	Treasurer
Other:	Other:	Other:	Other:
IChairman	Name:	□Chairman	Name:
Vice Chairman	Address:	Vice Chairman	Address:
Director		□Director	
President		TPresident	
Vice President		Vice President	20
Secretary	I Treasurer	☐ Secretary	Treasurer =
Other:	_ Other:	Other:	70ther: 25
			호크
Chairman	Name: _	Chairman	Name: 30
Vice Chairman	Address:	□Vice Chairman	
Director		-Director	
President		□ President	
Vice President		□Vice President	·
Secretary	Treasurer	Secretory	Treasurer
		□Other:	Other:

Commonwealth of Kentucky Michael G. Adams, Secretary of State

Michael G. Adams Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 232155

Visit https://web.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

I, Michael G. Adams, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

FINDING FREEDOM THROUGH FRIENDSHIP INC

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 273, whose date of incorporation is October 23, 2009 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 31st day of May, 2020, in the 228th year of the Commonwealth.



mehall J. adom

Michael G. Adams Secretary of State Commonwealth of Kentucky 232155/0746326



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 11, 2020

JODY GREENLEE 1781 EASTWOOD DRIVE LEXINGTON, KY 40502 US

SUBJECT: FINDING FREEDOM THROUGH FRIENDSHIP, INC.

Ref. Number: W20000058187

We have received your document for FINDING FREEDOM THROUGH FRIENDSHIP, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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

Laura D Chang Regulatory Specialist II

6/25 Pecerved UDC

Letter Number: 120A00011483

RECEIVED

JUN 25 2020