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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Project Dolle Name of Corporation - must include suffix
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:
Keli Chark Name of Person
Project Nelle
Taniveonipany
LOOS Broadway St.
Sarauskij Ohio 44870 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rame of Person at (419) 271-2107 Area Code Daytime Telephone Number
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$70.00 Filing Fee \$\Bigsim \text{S78.75 Filing Fee & }\Bigsim \$\$\$\$\$\$\$\$\$\$\$ Certificate of Status & Certified Copy \$\$ \$87.50 Filing Fee, 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. PROJECT NORME \\COPPACIO \\\COPPACIO \\\COPPORATION'' or words or abbrevia	
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbrevia import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if no in the name at present, "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)	tions of like t so contained
The Molle Project	
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business	in Florida)
2. Ohio 3. 82-3901480 (State or country under the law of which it is incorporated) (FEI number, if applicable)	
4. December 37, 2017 5. (Date of Incorporation) 5.	tual)
6. September 151 2020 (Date first conducted affairs in Florida il prior to registration. See sections 617.1501 & 617.1502, F.S. to determine	
7. 605 Brondway St - Sandwig Ohio (Principal office street address)	<u> </u>
Principal office street address)	
(Current mailing address, if different)	
Oscieta de la constante de Osisia Coita	i e
8. <u>ASSISTANCE</u> TO Children across to by the Opioia Epiden (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	<u>(IC</u>
	202
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	0
Name: Mustill adoptived	2020 O _V I
Name: Misty Undorwood Office Address: 167 Stug Harbor DR. Casselberry, Florida 32707 (City) (Zip Code)	
Massailbackill 77777	75
$\frac{\text{City} \cap \text{Deft} }{\text{(City)}}, \text{ Florida} = \frac{3a / C}{\text{(Zip Code)}}$	2: ըկ
	.5
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corpora designated in this application, I hereby accept the appointment as registered agent and agree to act if further agree to comply with the provisions of all statutes relative to the proper and complete performand I am familiar with and accept the obligations of my position as registered agent.	tion at the place in this capacity. I nance of my duties.
Mioly Widerund (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	1 / .		6
P Chairman	Name: Kell Claek	□Chairman	Name: Elblyn Quinn
□Vice Chairman	Address: LOS Broadway St.	□Vice Chairman	Address: 3204 Stonewich De
Director	Sandway On 44870	□Director	Sandisky Onio 44870
□President		President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
□Other:	☐ Other:	Other:	☐ Other:
□ Chairman	Name: <u>Jeanne</u> Mekonzie	□Chairman	Name: Shilo Tenbrock
□Vice Chairman	Address: 8 Coxtland St.	□Vice Chairman	Address: 9412 Davaale Pa.
□Director	Noewalk On 44857	□Director	Parna Ohio 44129
□President		□President	
₩Vice President		□Vice President	
□Secretary	□Treasurer	□Secretary	Treasurer
Other:	☐ Other:	Other:	☐ Other:
□Chairman □Vice Chairman	Name: Laura White Address: 1841 S.Bay De.	□Chairman □Vice Chairman	Name: Natalie Miller Address: 4955 Bleno Lotge Re
□Director	Poet Clinton Oh	□Director	Mentor Ohio
□President	43452	□President	44060
□Vice President		□Vice President	J/3
\ \$Secretary	□Treasurer	□Secretary	□Treasurer ·
□Other:	Other:	4 Other: <u>(10 / 3</u>	Other:
NOTE: Importar Non-indexed indi	nt Notice: Use an attachment to report more than si ividuals may be added to the index when filing you	x (6). The attachment ir Florida Department	will be imaged for reporting purposes only.
13.	(Signature of Chairman, Vice Chairman, or any o	fficer listed in number	r 12 of the application)
14.	(Typed or printed name and capacity of p	person signing applica	ition)

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show PROJECT NOELLE, an Ohio not for profit corporation, Charter No. 4117240, having its principal location in Sandusky, County of Erie, was incorporated on December 29, 2017 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 21st day of September, A.D. 2020.

Ohio Secretary of State

Validation Number: 202026504942



September 14, 2020

KELI CLARK 605 BROADWAY ST SANDUSKY, OH 44870 US

SUBJECT: PROJECT NOELLE INCORPORATED

Ref. Number: W20000104833

We have received your document for PROJECT NOELLE INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

Sharon D Franklin Regulatory Specialist II

Letter Number: 020A00017465

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