Faccoco 4656

(Requestor's Name)
(Address)
(Address)
(101100)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Socialization)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

TO: Registration So			·	
Division of Co	orporations ECTIVE FOUNDATION, INC.			
SUBJECT: THE DIRE		– must include suffix		
D 0' 14 1	, , , , , , , , , , , , , , , , , , ,			
Dear Sir or Madam:				
Affairs in Florida", "Ce	ion by Foreign Not for Profit (rtificate of Existence", or "Cer enced not for profit corporation	tificate of Status" and ch	eck are submitted to	
Please return all corresp	oondence concerning this matte	er to the following:	20 TA	
Jenna Ca			7828 OCT 19	
	Name of	Person	25 T	
The Dire	ective Foundation, Inc.		PH 3: 38	
	Firm/Co	mpany	ာင္မ်ားမှု မှာ	
448 Lipi	zzan Lane		RIDA RIDA	
				
	Addr	ess		
Celina, 1	TX 75009			
	City/State and	Zip Code		
thedirecti	iveorg@gmail.com			
E-n	nail address: (to be used for fu	ture annual report notifica	ation)	
For further information	concerning this matter, please	call:		
Jenna Carbone	65 at (352-3982		
Name o	2.5	rea Code Daytime Tel	ephone Number	
Mailing Address		Street Address:		
Registration So		Registration Section		
Division of Co P.O. Box 6321	•	Division of Corpora The Centre of Tallal		
Tallahassee, F		2415 N. Monroe Str Tallahassee, FL 323	reet, Suite 810	
Enclosed is a check for	the following amount:			
Please make check payabl	e to: FLORIDA DEPARTMEN	T OF STATE		
■ \$70.00 Filing Fee	✓\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	☐S87.50 Filing Fee, 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:

THE DIRECTIVE FOUNDATION, INC.

(If name una	vailable in Florida, enter alterna	ate corporate name adopted	for the purpose of transact	ing business in Florida)
DELAWAR	E	3		
(State or co 06/17/2020	E untry under the law of which it (Date of Incorporation)	is incorporated)	(FEI number, if appl	icable)
	(Date of Incorporation)	——— ^{J.} ——	(Date of duration, if other	r than normatual)
N/A	ducted affairs in Florida if prior		(2 the or direction, if other	2026
(Date first con	ducted affairs in Florida if prior t	o registration. See sections of	517.1501 & 617.1502, F.S, te) determine penalty liabilit
448 Lipizzan	Ln Celina, TX 75009			
	-	(Principal office street	address)	120 C
	STF 4000 St. Patarchura, C1.	22703		S PH 3
		(Current mailing address,	I different)	3:38 SAIE SAIE SAIE SAIE
NON-PROFI	F PUBLIC CHARITY corporation authorized in home			2
Purpose(s) of	corporation authorized in home	e state or country to be carr	ried out in the state of Floric	la)
Name and st	reet address of Florida regist	ered agent: (P.O. Box N	OT acceptable)	
Name:	Registered Agents, Ir	nc.		
fice Address:	7901 4th St N, STE 300			
	St. Petersburg (City)	, Flori	da ³³⁷⁰²	- · · · · ·
	(City)		(Zip Code)	
Dogistono	l agent's acceptance:			

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.

(Registered agent's signature)

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]: A. DIRECTORS Jenna Carbone **■**Chairman Name: □ Chairman 448 Lipizzan Ln ☐ Vice Chairman Address: □ Vice Chairman Address: Celina, TX 75009 □ Director □ Director ☐ President □ President □Vice President ☐ Vice President ☐Secretary □Treasurer ☐ Secretary □Treasurer □Other: _____ ☐ Other:_____ □Other:_____ □Other:_____ □ Chairman Name: _____ □ Chairman Name: ___ □ Vice Chairman Address: _____ □Vice Chairman Address: Director Director ☐ President □ President □Vice President □ Vice President ☐ Secretary □Treasurer □ Secretary Treasurer Other: ☐ Other:____ Other:____ □Other: □ Chairman Name: □ Chairman Name: _____ □Vice Chairman Address: □ Vice Chairman Address: □ Director Director ☐ President ☐ President □Vice President □ Vice President ☐ Secretary ☐ Treasurer □ Secretary □ Treasurer ☐ 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. <u>Serva</u> (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Jenna Carbone, Chairman

(Typed or printed name and capacity of person signing application)

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "THE DIRECTIVE FOUNDATION, INC." IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF AUGUST, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION:

Jeffrey W. Bulliock, Secretary of State

Authentication: 203396527

Date: 08-03-20

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