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(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Name)	
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Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		
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•	COVER	LETTER 📑		
	ation Section n of Corporations	* ' <u>`</u>		
SUBJECT: Dro	cam Alive Vision Corp			
SCECT.	Name of Corporation	on – must include suffix		
Dear Sir or Mad	lam:			
Affairs in Florid	application by Foreign Not for Profit la", "Certificate of Existence", or "C we referenced not for profit corporati	ertificate of Status" and ch	eck are submitted to	
Please return all	correspondence concerning this ma	tter to the following:		
:	Sandy Mack		202 15	
_	Name o	f Person	7020 OCT	
1	Dream Alive Vision Corp		10 1	
_	Firm/C	ompany	2 回	
			- LOST F.	
- ;	1717 Orange Ave. #4110			
	Ado	Iress		
Ī	Fort Picrcc, FL 34948			
_	City/State a	nd Zip Code		
S	andym@dreamalivevision.com			
_	E-mail address: (to be used for f	uture annual report notifica	ation)	
For further infor	mation concerning this matter, pleas	se call:		
Sandy Mack	at (772 216-8477		
	Name of Person	Area Code Daytime Tel	ephone Number	
Mailing . Registra	Address: ation Section	Street Address: Registration Section		
Division of Corporations		Division of Corporations		
P.O. Bo		The Centre of Tallal		
laliana	ssee, FL 32314	2415 N. Monroe Str Tallahassee, FL 323	-	
	•	□\$78.75 Filing Fee &	□\$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:

	, , , , , , , , , , , , , , , , , , ,	corporate name adopted for the purpose of transacting	business in Flor	ida)		
California		3. 85-2936977				
	ntry under the law of which it is i	ncorporated) (FEI number, if applicat	ed) (FEI number, if applicable)			
8/19/2020		5. Indefinite	5. Indefinite			
(I	Date of Incorporation)	(Date of duration, if other th	an perpetual)			
Not conducting	ng affairs in Florida until authoriza	ation is approved.				
Date first cond	ucted affairs in Florida if prior to re	gistration. See sections 617.1501 & 617.1502, F.S., to de	termine penalty	liability.)		
705 E. Bidwel	l Ste. 2-319 Folsom, CA 95630					
 <u>-</u>		(Principal office street address)	707			
717 Orange A	.ve. #4110 Fort Pierce, FL 34948		000	77		
717 Orange A		urrent mailing address, if different)	= -			
	(3.	area maning address, if differenty	19	· _		
Coo awaah	•		PH 4: 48	1		
See attachmen	corporation authorized in home at	ate or country to be carried out in the state of Florida)	225 1	<u> </u>		
ruipose(s) or	corporation authorized in nome st	ate or country to be carried out in the state of Florida)				
Name and str	eet address of Florida registere	d agent: (P.O. Box NOT acceptable)	<u>ଅମ ବ୍</u>			
Name:						
fice Address:	1717 Orange Ave. #4110					
	Fort Pierce	, Florida 34948 (Zip Code)				
	(City)	(Zin Code)				

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. DIRECTOR			
□ Chairman	Name:	□Chairman	Name: Barryington Nembhard
□Vice Chairman	705 E. Bidwell Ste. 2-319 Address:	□Vice Chairman	Address: 705 E. Bidwell Stc. 2-319
□Director	Folsom, CA 95630	□Director	Folsom, CA 95630
President		President	
□Vice President		□ Vice President	
☐ Secretary	Treasurer	☐ Secretary	☐ Treasurer
Other: Founder	Other:	Other:	Other:
☐ Chairman	Name:	□ Chairman	Frankie Collins
□Vice Chairman	Address: 705 E. Bidwell Ste. 2-319	□Vice Chairman	705 E. Bidwell Stc. 2-319
□Director	Folsom, CA 95630	Director	Folsom, CA 95630
□President		□President	POISOM, CA 93630
■ Vice President		□Vice President	7 7 7
☐ Secretary	Treasurer	Secretary	Treasurer
□Other:	☐ Other:	□Other:	
□Chairman	Name:	□Chairman	Gregory Iones
□ Vice Chairman	Address:	□Vice Chairman	Address: 705 E. Bidwell Ste. 2-319
□Director	Fort Pierce, FL 34948	□Director	Folsom, CA 95630
□President		□President	
□Vice President		□Vice President	
■ Secretary	□Treasurer	☐ Secretary	Treasurer
□Other:	□ Other:	Other:	□Other:
NOTE: Importan Non-indexed indiv 13. Candy Mack	-	our Florida Department o	of State Annual Report form. 12 of the application)
	(Typed or printed name and capacity of	of person signing applicati	on)

State of California

Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

DREAM ALIVE VISION CORP

FILE NUMBER:

C4636003

FORMATION DATE:

08/19/2020

TYPE:

DOMESTIC NONPROFIT CORPORATION

JURISDICTION: CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

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I, ALEX PADILLA, Secretary of State of the State of California, hereby certify:

The entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of October 01, 2020.

ALEX PADILLA Secretary of State #8 (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

Dream Alive Vision Corp

<u>Section 1. Purposes.</u> The Corporation is organized exclusively for charitable and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. The specific purpose and objectives of the Corporation shall include, but not be limited to, the following:

- A. To provide Mentoring and Outreach activities and recreation
- B. To provide charitable assistance to families through outreach and support services.
- C. To educate families on healthy family environments and development.
- D. To provide educational, youth, and community services for disadvantaged communities.

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Names and respective address of Corporation's Officers and Directors: Dream Alive Vision Corp

Name and Title	Address		City	State	Zip
Leon Lee Founder	705 E. Bidwell	Ste. 2-319	Folsom	CA	95630
Barryington Nemb	ohard 705 E. Bidwell	Ste. 2-319	Folsom	CA	95630
President					
Patrick Ivey Executiv	e VP 705 E. Bidwell	Ste. 2-319	Folsom	CA	95630
Frankie Collins Secr	etary 705 E. Bidwell	Ste. 2-319	Folsom	CA	95630
Sandy Mack Secr	etary 1717 Orange A	ve. #4110	Fort Pierce	FL	34948
Gabriel Jackson Trea	surer 705 E. Bidwell	Ste. 2-319	Folsom	CA	95630
	surer 1717 Orange A	Ave. #4110	Fort Pierce	FL	34948
Greg Skeene Advisory I	Board 705 E. Bidwell	Ste. 2-319	Folsom	CA	95630
PJ Gilliam Advisory E		Ste. 2-319	Folsom	CA	95630
Ty Douglas Advisory Bo	oard 705 E. Bidwell	Ste. 2-319	Folsom	CA	95630

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