

# F00000005195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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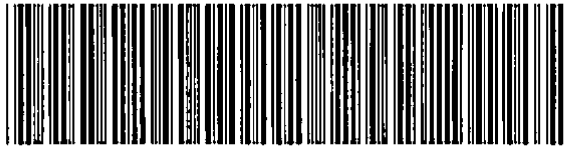
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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NOV 16 2020

COVER LETTER

TO: Registration Section
Division of Corporations
Stripes Inc.

SUBJECT: 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:

Kia Buchanan

Name of Person

Firm/Company

16326 SW 16th Street
Address

Pembroke Pines, Florida 33027

City/State and Zip Code

stripesine535@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kia Buchanan 954 559-3796
Name of Person at (Area Code) Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

- Options for filing fees: \$70.00, \$78.75 (Certificate of Status), \$78.75 (Certified Copy), \$87.50 (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:

1. Stripes Inc.  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

Florida Stripes Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Maryland 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/16/2016 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 11502 Canterbury Ct, Bowie, MD 20721  
(Principal office street address)


16326 SW 16th Street, Pembroke Pines, FL 33027  
(Current mailing address, if different)

8. Promote health awareness in medically under-served communities via education, health screenings, and fitness programs  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Kia Buchanan  
Office Address: 16326 SW 16th Street  
Pembroke Pines, Florida 33027  
(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.*

  
(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.

20160916 14:00

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

**A. DIRECTORS**

Kia Buchanan

Chairman Name: \_\_\_\_\_  
16326 SW 16th St

Vice Chairman Address: \_\_\_\_\_  
Pembroke Pines, FL 33027

Director \_\_\_\_\_

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other: \_\_\_\_\_  Other: \_\_\_\_\_

Lamere Buchanan

Chairman Name: \_\_\_\_\_  
16326 SW 16th St

Vice Chairman Address: \_\_\_\_\_  
Pembroke Pines, FL 33027

Director \_\_\_\_\_

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other: \_\_\_\_\_  Other: \_\_\_\_\_

Shuaib Winters

Chairman Name: \_\_\_\_\_  
5375 Sugarloaf Pkwy

Vice Chairman Address: \_\_\_\_\_  
Apt #: 12105

Director \_\_\_\_\_  
Lawrenceville, GA 30043

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other: \_\_\_\_\_  Other: \_\_\_\_\_

Brittani MaCray-Fleureme

Chairman Name: \_\_\_\_\_  
2470 NW 141st Street

Vice Chairman Address: \_\_\_\_\_  
Opa Locka, FL 33054

Director \_\_\_\_\_

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other: \_\_\_\_\_  Other: \_\_\_\_\_

Isaiah Coleman

Chairman Name: \_\_\_\_\_  
216 S Street NW

Vice Chairman Address: \_\_\_\_\_  
Washington DC 20001

Director \_\_\_\_\_

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other: \_\_\_\_\_  Other: \_\_\_\_\_

Myesha Buchanan

Chairman Name: \_\_\_\_\_  
417 W Madison Ave

Vice Chairman Address: \_\_\_\_\_  
Magnolia NJ, 08049

Director \_\_\_\_\_

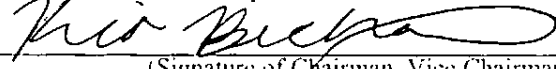
President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

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.

13.  \_\_\_\_\_  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kia Buchanan (Full Capacity) \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

**STATE OF MARYLAND**  
***Department of Assessments and Taxation***

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I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT STRIPES INC. (D17498346), INCORPORATED SEPTEMBER 16, 2016, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS NOVEMBER 12, 2020.



Michael L. Higgs  
Director



*301 West Preston Street, Baltimore, Maryland 21201*  
*Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941*  
*MRS (Maryland Relay Service) (800) 735-2258 TTY/Voice*

Online Certificate Authentication Code: **cyiWZ9MXq0e5EiMa7Si7Dw**  
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