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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

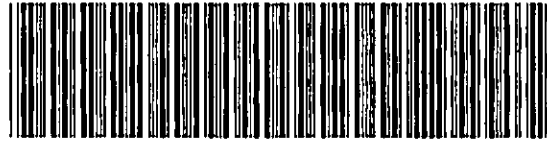
(Business Entity Name)

(Document Number)

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U.S. DEPT. OF JUSTICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Paramedic Foundation

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:

Cynthia Sobania, Secretary

Name of Person

The Paramedic Foundation

Firm/Company

23 W Central Entrance, PMB 321

Address

Duluth, MN 55811

City/State and Zip Code

csobania@paramedicfoundation.org

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

For further information concerning this matter, please call:

Gary Wingrove

at (305) 492-0155

Name of Person

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**

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 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:

1. The Paramedic Foundation, Incorporated

(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.)

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

2. Minnesota 3. 46-3271401
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/23/2013 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 23 W Central Entrance, PMB 321, Duluth, MN 55811
(Principal office street address)

(Current mailing address, if different)

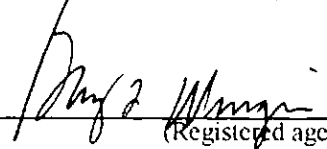
8. Engage in, assist, and contribute to the support of exclusively charitable, religious, scientific, literary or educational activities
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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

Name: Gary Wingrove
Office Address: 1071 Adams Ave, Unit K
Homestead, Florida 33034
(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)

1. 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. DIRECTORS

☐ Chairman Name: Gary Wingrove
☐ Vice Chairman Address: 1071 Adams Ave, Unit K
☐ Director Homestead, FL 33034
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Cynthia Sobania
☐ Vice Chairman Address: 2637 Nature View Loop
☐ Director Driftwood, TX 78619
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Nikiah "Nick" Nudell
☐ Vice Chairman Address: 4282 Woodlake LN
☐ Director Wellington, CO 80549
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Michael Nolan
☐ Vice Chairman Address: Director/Chief
☒ Director County of Renfrew Paramedic Service
☐ President 9 International Drive
☐ Vice President Pembroke, ON K8A 6W5 CAN
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: J. Albert Walker
☐ Vice Chairman Address: Saorsa Group
☐ Director 33 Hidden Hill Lane
☐ President Hubbards, NS B0J 1T0 CAN
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

TE: 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.

Gary Wingrove
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Gary Wingrove, President

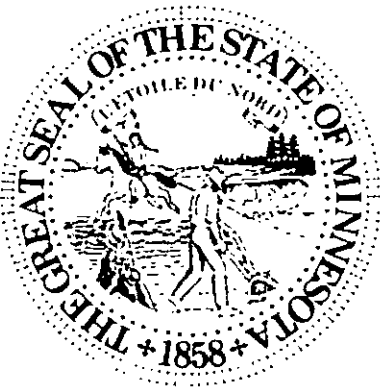
(Typed or printed name and capacity of person signing application)

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	The Paramedic Foundation
Date Filed:	07/23/2013
File Number:	682711800022
Minnesota Statutes, Chapter:	317A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 02/01/2021



Steve Simon

Steve Simon
Secretary of State
State of Minnesota