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		COVER LETTER
ТО:	Registration Section Division of Corporations	·
SUBJ	ECT:	Coding it Forward, Inc. of Corporation – must include suffix
	Name o	of Corporation – must include suffix
Dear S	ir or Madam:	
Affairs	s in Florida", "Certificate of Exist	Not for Profit Corporation for Authorization to Conduct its ence", or "Certificate of Status" and check are submitted to offit corporation to conduct its affairs in Florida.
Please	return all correspondence concer-	ning this matter to the following:
		Jessica Santos Silva
		Name of Person
		Labyrinth, Inc. Firm/Company
	1959 P	alomar Oaks Way, Suite 300 Address
		Carlsbad, CA 92011 City/State and Zip Code
		Chy/state and Ztp Code
	ie	essica@labyrinthinc.com
	E-mail address: (to	be used for future annual report notification)
For fur	rther information concerning this	matter, please call:
	Jessica Santos Silva Name of Person	at (760) 931-2620 ext. 238 Area Code Daytime Telephone Number
	Mailing Address:	Street Address:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

4

Enclosed is a check for the following amount:

Tallahassee, FL 32303

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:

	in Florida, enter alternate corporat					ŕ
(State or country un	Massachusetts der the law of which it is incorpora	3	82-1825067			
(State of country un	5/22/2017	(r	asi number, ii appiic	able)		
(Date of	5/22/2017 Incorporation)	5,(Date	Perpetual of duration, if other i	han perneti	nal)	
(Date first conducted a	Mairs in Florida if prior to registratio	on. See sections 617.1501	& 617.1302, F.S. to c	determine pe	enalty l	
	1 Thomas Circle, NW, F	al office street address)	DC 20005			
	•					
	Same a	s street address ailing address, if differen	·			
	(Caren in	aning audress, it uniteres	nt)			
(Purpose(s) of corpora	ilion authorized in home state or co	ountry to be carried out i	n the state of Florida)		
				" 第一章	21	
Name and street add	<u>lress</u> of Florida registered agent	:: (P.O. Box <u>NOT</u> acce	eptable)			
	No. ale and D				Ē	
	Northwest Re	gistered Agent Lic		<u>—:::</u>	=	
Name:		e Address: 7901 4th Street North, Suite 300				
Name:	7901 4th Stree	et North, Suite 300	<u> </u>	<u>''</u>		127
Name:	7901 4th Stree St. Petersburg	et North, Suite 300 , Florida	33702	 - 등일 - 등일		Ö
Name:	Northwest Re 7901 4th Stree St. Petersburg (City)	et North, Suite 300 , Florida	33702 (Zip Code)		MH 9: 33	8

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. DIRECTOI	RS		
□Chairman Name: Rachel Dodell		□ Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director	1 Thomas Circle, NW, Floor 9	□Director	
⊗ President	Washington, DC 20005	□President	
□Vice President		□Vice President	
□ Secretary	☐Treasurer	☐ Secretary	☐Treasurer
Other:	Other:	□Other:	Other:
□Chairman	Name:	□Chairman	Name: _Ariana Soto
□Vice Chairman	Address:	□Vice Chairman	Address:
□ Director		□ Director	1 Thomas Circle, NW, Floor 9
□President		□ President	Washington, DC 20005
□Vice President	<u> </u>	□Vice President	
□Secretary	□Treasurer	⊠ Secretary	□Treasurer
□Other:	Other:	□Other:	Other:
□Chairman	Name:	□ Chai <i>r</i> man	Name:
□Vice Chairman	Address:	□Vice Chairman	
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	□ Secretary	☐ l'reasurer
□Other:	Other:	Other:	Other:
Non-indexed indivi	Notice: Use an attachment to report more that iduals may be added to the index when filing y DOOLLL Signature of Chairman, Vice Chairman, or an Rachel Dodell, E	your Florida Department o	f State Annual Report form. 12 of the application)
· · ·	(Typed or printed name and capacity of	of person signing application	on)



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

Date: June 09, 2021

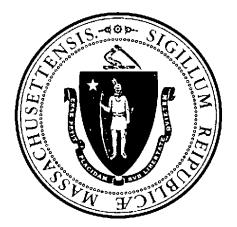
To Whom It May Concern:

I hereby certify that according to the records of this office,

CODING IT FORWARD, INC

is a domestic corporation organized on May 22, 2017

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

William Travin Galein

Certificate Number: 21060234410

Verify this Certificate at: http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx