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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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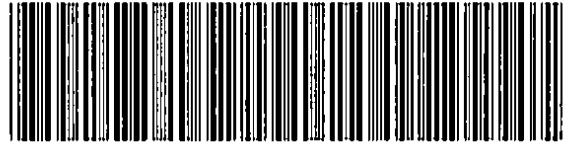
(Business Entity Name)

(Document Number)

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021-
90813

7/7/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Marion Woodman Foundation, Inc.

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:

Cindy Jacobs

Name of Person

Marion Woodman Foundation, Inc.

Firm/Company

1700 North Monroe Street

Suite 11-120

Address

Tallahassee, FL 32303

City/State and Zip Code

cindyjjacobs@gmail.com

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

For further information concerning this matter, please call:

Cindy Jacobs

850

556-9858

at ()

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2021

CINDY JACOBS
1700 N MONROE ST STE 11-120
TALLAHASSEE, FL 32303

SUBJECT: MARION WOODMAN FOUNDATION, INC.
Ref. Number: W21000090813

*Refile please
yjj
7/1/21*

We have received your document for MARION WOODMAN FOUNDATION, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 421A00014158

RECEIVED
JUL 06 2021

**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. Marion Woodman Foundation, 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.)

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

2. Delaware, US 3. 113634338
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. September 2001 5. n/a
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 1700 North Monroe Street, Suite 11-120, Tallahassee, FL 32303
(Principal office street address)

(Current mailing address, if different)

8. Office administrative work will be done by a Director who resides in Florida. All Corporate business is online.
(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: Cindy Jacobs
Office Address: 3965 Bellac Road
Tallahassee, Florida 32303
(City) (Zip Code)

21 JUL -6 PM 4:00
FILED

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.

Cindy Jacobs
(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.

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: Jean Palmer-Daley
☐ Vice Chairman Address: 5486 Rincon Beach Park Dr
☐ Director Ventura, CA 93001
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Benedict Lampe
☒ Vice Chairman Address: 1700 North Monroe St.
☐ Director Suite 11-120
☐ President Tallahassee, FL 32303
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Polly Howells
☐ Vice Chairman Address: 15 Upper Glenview Dr
☐ Director Glenford, NY 12433
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Cindy Jacobs
☐ Vice Chairman Address: 3965 Bellac Road
☐ Director Tallahassee, FL 32303
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Sarah Przekwas
☐ Vice Chairman Address: 5900 South Nixon Ct
☒ Director Littleton, CO 80123
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Janice Rous
☐ Vice Chairman Address: 202 Quayside Circle
☒ Director Unit 102
☐ President Maitland, FL 32751
☐ 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. Cindy Jacobs TREASURER
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Cindy Jacobs, Treasurer
(Typed or printed name and capacity of person signing application)

Delaware

The First State


Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MARION WOODMAN FOUNDATION" 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 TWENTY-SIXTH DAY OF MAY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MARION WOODMAN FOUNDATION" WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2001.


Jeffrey W. Bullock, Secretary of State

3439859 8300C

SR# 20212116674

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203303594

Date: 05-26-21