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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone Fax Number : (307)200-2803 : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email A	\ddress:	

FOREIGN PROFIT/NONPROFIT CORPORATION

Kate's House Foundation

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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Help



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:

	ouse Foundation	CORPORATED" or "CORPORATION" or words or abbrevial	tions of like
import in langu	age as will clearly indicate that it is	s a corporation instead of a natural person or partnership if not to be used as a corporate suffix by a nonprofit corporation.)	so contained
Kate's Ho	use Foundation Inc.		
(If name unav	ailable in Florida, enter alternate co	rporate name adopted for the purpose of transacting business	in Florida)
_{2.} Washing	ton	3.81-4323129	
(State or cou	ntry under the law of which it is inc	corporated) (FEI number, if applicable)	
4. 10/25/201	16	, Perpetual	
··(I	Date of Incorporation)	5. Perpetual (Date of duration, if other than perpetual)	tual)
6		nstration. See sections 617.1501 & 617.1502, F.S. to determine p	
(Date first cond	ucted affairs in Florida if prior to reg	distration. See sections 617.1501 & 617.1502, F.S. to determine p	renalty liability.)
_{7.} 7901 4th	St N STE 300 St. Pete		
	(1	Principal office <u>street</u> address)	
7901 4th	St N STE 300 St. Peter	rshura FL 33702	021 SUP 30 SEAR EST
7301 401	(Cur	rrent mailing address, if different)	
	,		ω ω
SEE ATT	'ACHED		37, 6
8. SEE ATT	corporation authorized in home sta	te or country to be carried out in the state of Florida)	-
(i dipose(s) oi	corporation addititized in thome sa	to or country to be carried out in the same of riotical	רנו מא אס בעל בען ידר
9. Name and str	eet address of Florida registered	l agent: (P.O. Box <u>NOT</u> acceptable)	i
	D - 1010 - 1 A - 0 - 4 - 1 - 4		ALE 15
	Registered Agents Inc		
Office Address:	7901 4th St N STE 30	0	
		Florida 33702	
	(City)	(Zip Code)	
10 70 17			
Having been no	l agent's acceptance: amed as registered agent and to	accept service of process for the above stated corporat	tion at the place
designated in the	his application. I hereby accept	the appointment as registered agent and agree to act in	n this capacity. I
further agree to and I am famil	o comply with the provisions of iar with and accept the obligation	all statutes relative to the proper and complete perform ons of my position as registered agent.	tance of my auties,
	Be Be	Il Have	
		(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. DIRECTOR	s Frank Candelario	□ Chairman	Name: Sherri Candelario			
□Vice Chairman	Address:	□Vice Chairman	Address:			
⊠ Director	7901 4th St N STE 300	₩Director	7901 4th St N STE 300			
☑ President	St. Petersburg FL 33702	□President	St. Petersburg FL 33702			
□Vice President		□Vice President				
Secretary	☐Treasurer	XI Secretary	⊠ Treasurer			
Other:	☐ Other:	□Other:	□Other:			
☐ Chairman	Name:	□Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director		□Director				
□President		□President				
□Vice President		□Vice President				
Secretary	☐ Treasurer	☐ Secretary	☐ Treasurer			
Other:	☐ Other:	□Other:	□Other:			
Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director		□Director				
□President		□President				
□Vice President	- to the state of	□Vice President				
☐ Secretary	⊡Treasurer	☐ Secretary	☐Treasurer			
Other:	□ Other:	□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. Signature of Chairman, Or any officer listed in number 12 of the application)						

8. Purpose

Kate's House Foundation is a 501C3 organized to house individuals in recovery. Our unique model provides high-end housing in great neighborhoods with resources for education, employment, counseling, peer support and referrals to medical treatment.





Secretary of State

I, KIM WYMAN. Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

KATE'S HOUSE FOUNDATION

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 10/25/2016.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 09/27/2021 UBI Number: 604 050 525

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Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

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Date Issued: 09/27/2021