

F210000005987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

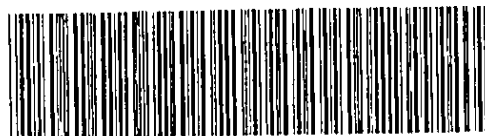
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SECRETARY OF STATE
TALLAHASSEE, FL

SP

SR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Storm Team 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

Shayla King

Name of Person

Storm Team Foundation, Inc.

Firm/Company

4050 S US Hwy 1

Suite 303

Address

Jupiter, FL 33477

City/State and Zip Code

Shayla@stormteamusa.com

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

For further information concerning this matter, please call.

Shayla King

Name of Person

at (404)

Area Code

803-8617

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 Storm Team 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 Ohio 3 45-3444800
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4 8/29/2011 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 4050 S US 1 Suite 303, Jupiter, FL 33477
(Principal office street address)

(Current mailing address, if different)

8 General administration of Foundation and acceptance of donations
(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: Chad Sinkins
Office Address: 4050 S US Hwy 1 Suite 303
Jupiter, Florida 33477
(City) (Zip Code)

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TALLAHASSEE, FL

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.

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 Chad Simkins
☐ Vice Chairman Address 4050 S US Hwy 1
☐ Director Suite 303
☒ President Jupiter, FL 33477
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

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

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

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

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

☐ Chairman Name _____
☐ Vice Chairman Address _____
☐ 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. C. S. E.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Chad Simkins
(Typed or printed name and capacity of person signing application)



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
09/13/2021	202125302994	NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25 00	0.00	0 00	0 00

Receipt

This is not a bill. Please do not remit payment.

STORM TEAM CONSTRUCTION, INC.
ATTN: CHAD SIMKINS
4050 S US HWY 1, SUITE 303
JUPITER, FL 33477

**STATE OF OHIO
CERTIFICATE**

Ohio Secretary of State, Frank LaRose
2050694

It is hereby certified that the Secretary of State of Ohio has custody of the business records for
STORM TEAM FOUNDATION, INC.

and, that said business records show the filing and recording of:

Document(s)

NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE

Effective Date: 09/10/2021

Document No(s):

202125302994



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
13th day of September, A.D. 2021.

Ohio Secretary of State