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COVER LETTER

TO:	Registration Section Division of Corporations						
SHDH	EXECUTIVE WOMEN'S F	ORUM, INC.					
Name of corporation - must include suffix							
Dear Si	r or Madam:						
"Certifi	closed "Application by Foreign Co icate of Existence," or "Certificate referenced foreign corporation to tr	of Good Stand	ling" and check are subr				
Please	return all correspondence concerni	ng this matter	to the following:				
Isabel E	Del Corral, CPA						
		Name of F	erson				
McInte	Fusaro Del Corral, LLC						
		Firm/Comp	pany				
277 Fai:	rfield Road, Suite 300						
-		Addre	SS				
Fairfield	d, NJ 07004						
monika	@mcintee.com	City/State ar	id Zip code				
	E-mail address	: (to be used fo	or future annual report no	otification)			
For fur	ther information concerning this m	atter, please ca	all:				
Monika Hildebrand 973			882-0300				
	Name of Person	Area Code		ione Number			
	STREET/COURIER ADDRES Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations			
Please r	ed is a check for the following amonake check payable to: FLORIDA D 1.00 Filing Fee	EPARTMENT g Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy			

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Executive Wome	en's Forum, Inc.			
(Enter name of co	orporation; must include "INCORPORATED," 'orp," "Inc," "Co," or "Corp.")	'COMPANY," "CORPORATION	J,"	
(If name unavaila	able in Florida, enter alternate corporate name ad-	opted for the purpose of transacting	g business in Florida)	
New Jersey	3 20	20-0886398		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
March 8, 2004	5			
(Date	of incorporation) 5.	(Date of duration, if other than perpetual)		
September 20, 2				
·	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502		ty)	
8 Bartles Corner l	Road, Suite 021, Flemington, NJ 08822			
·· 	(Principal office	street address)		
 	(Current mailing	address, if different)		
8. Name and stree	et address of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)		
Name:	Sarah Reaves	<u> </u>	10	
Office Address:	1658 Sand Key Circle			
	Oviedo		12 AHIII: 31	
	(City)	, Florida (Zip code)		
Having been nam designated in this further agree to c	ent's acceptance: ned as registered agent and to accept service application, I hereby accept the appointme comply with the provisions of all statutes rel r with and accept the obligations of my posi	nt as registered agent and agre ative to the proper and complet tion as registered agent.	ee to act in this capacity.	
_	Sarah Reav		_	
	(Registered agent's sign	nature)		
10. Attached is a	certificate of existence duly authenticated, n	ot more than 90 days prior to de	elivery of this application	

under the law of which it is incorporated.

the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

^{11.} 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:	□Chairman	Name:					
□Vice Chaiπnan	7 Oxford Drive	□Vice Chairman	Address:					
□Director	Annandale, NJ 08801	□Director		_				
President		□President						
□Vice President		□Vice President						
□Secretary	Treasurer	□Secretary		□Treasurer				
□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		□Vice President						
□Sccretary	□Treasurer	□Secretary		□Treasurer				
□Other	Other	□Other		□Other				
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.								
12. Joyce Brocaglia Signature of Director or Officer								
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.								

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

EXECUTIVE WOMEN'S FORUM, INC. 0100922373

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on March 08, 2004.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

JOYCE BROCAGLIA 8 BARTLES CORNER ROAD FLEMINGTON, NJ 08822

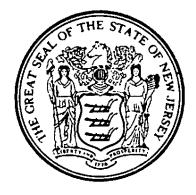
I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on December 29, 2020.

PRESIDENT

JOYCE BROCAGLIA

7 OXFORD DRIVE

ANNANDALE, NJ 08801



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 4th day of October, 2021

A A Mum

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6123768247

Verify this certificate online at

https://www.l.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp