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PICK-UP	WAIT MAIL			
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Certified Copies Certificates of Status				
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COVER LETTER

то:	Registration Section Division of Corporations
CIID 1	ECT: Eastern Congo Initiative, Incorporated
SODA	Name of Corporation – must include suffix
Dear S	ir or Madam:
Affairs	closed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to r the above referenced not for profit corporation to conduct its affairs in Florida.
Please	return all correspondence concerning this matter to the following:
	Andrea Jensen
	Name of Person
	Global Impact
	Firm/Company
	1199 N. Fairfax Street, Suite 300
	——————————————————————————————————————
	Address
	Alexandria, VA 22314
	City/State and Zip Code
	stateregistration@charity.org
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
Kaleig	th Willis 703 717-5224
	Name of Person Area Code Daytime Telephone Number
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Please	ed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE .00 Filing Fee \$\Bigcup \\$78.75 \text{Filing Fee & }\Bigcup \\$87.50 \text{Filing Fee,} \text{Certificate of Status} \text{Certified Copy} \text{Certified Copy}

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FŁORIDA

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:

(Name of corporation in the name at p	oration: must include the word "INC age as will clearly indicate that it is present. "Company" or "Co." may n	CORPORATED" or "CORPORATION" or words or abbre a corporation instead of a natural person or partnership it to be used as a corporate suffix by a nonprofit corporation	eviations of lik f not so contair n.)	ned	
N/A					
(If name unav	ailable in Florida, enter alternate co	orporate name adopted for the purpose of transacting busing	ness in Florida))	
12/20/2011		2 45-4103655			
2. (State or cou	ntry under the law of which it is inc	3. 45-4103655 (FEI number, if applicable)		_	
4(I	Date of Incorporation)	5. N/A (Date of duration, if other than pe	erpetual)	_	
6. N/A					
(Date first cond	lucted affairs in Florida if prior to reg	sistration. See sections 617.1501 & 617.1502, F.S. to determ	ine penaliy liah	ility.)	
7 615 First Ave	nue NE, Suite 500, Minneapolis, M	N 55413			
1-	nuc NE, Suite 500, Minneapolis, M	Principal office street address)			
N1/A					
N/A	(Cur	rent mailing address, if different)		_	
8. Charitable Organiz	ation: Eastern Congo Initiative's mission is to i	ncrease investments into the Democratic Republic of Congo through grant-m	aking, advocacy an	d other p	rogran
(Purpose(s) of	corporation authorized in home sta	te or country to be carried out in the state of Florida)			
9. Name and str	eet address of Florida registered	l agent: (P.O. Box <u>NOT</u> acceptable)	•	282) (CT	
_				00	
Name:	C T Corporation System		** 34	√2	
Office Address:	1200 South Pine Island Road			9)
	Plantation	, Florida 33324 (Zip Code)	,		;
	(City)	(Zip Code)	•	**	٠,٠
				37	
Having been no designated in th further agree to	his application, I hereby accept comply with the provisions of	accept service of process for the above stated corporthe appointment as registered agent and agree to a all statutes relative to the proper and complete performs of my position as registered agent.	ct in this cap	acity.	1
	Syx 2003	Lisa D. DuBois, Assistant Secretary			
		(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	Abraham Leno Name:	□Chairman	Hermann Aho Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
☐ Director	615 First Avenue NE	□Director	615 First Avenue NE					
□President	Suite 500	□President	Suite 500					
□Vice President	Minneapolis, MN 55413	□Vice President	Minneapolis, MN 55413					
Secretary	Treasurer	☐ Secretary	□Treasurer					
≅Other:	e Director	B Other: Finance	Controller Other:					
≅Chairman	Name: Ben Affleck	□ Chairman	Name: Whitney Williams					
□Vice Chairman	Address:	■Vice Chairman	Address:					
□Director	615 First Avenue NE	Director	615 First Avenue NE					
□President	Suite 500	□President	Suite 500					
□Vice President	Minneapolis, MN 55413	□Vice President	Minneapolis, MN 55413					
□Secretary	□Treasurer	□Secretary	☐Treasurer: S					
□Other:	Other:	□Other:	Other:					
□Chairman	Mvemba Phezo Dizolele Name:	□Chairman	Please see attached full list					
□Vice Chairman	Address:	□Vice Chairman	Address:					
□Director	615 First Avenue NE	□Director						
□President	Suite 500	□President						
□Vice President	Minneapolis, MN 55413	□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. 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. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)								
Abraham Leno Executive Director								
(Typed or printed name and capacity of person signing application)								

Eastern Congo Initiative

Attachment 13 for the Unified Registration Statement (URS)

Officers and Directors Eastern Congo Initiative

Officers:

Abraham Leno. Executive Director Hermann Aho, Finance Controller

Address and phone for above officers: 615 1st Ave NE Suite 500 Minneapolis, MN 55413 612-872-7060

Board of Directors:

Ben Affleck, Chair Whitney Williams, Vice-Chair Myemba Phezo Dizolele, Secretary Maura O'Neill, Treasurer Ward Brehm Dave Olsen David Segel Muadi Mukenge Richard Voelbel Nima Taghavi

Address and phone for above directors: 615 1st Ave NE Suite 500 Minneapolis. MN 55413 612-872-7060

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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

EASTERN CONGO INITIATIVE

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 12/20/2011.

1 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.

1 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:

09/14/2021

UBI Number:

603 166 713



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

Kim Wyman, Secretary of State

Tur Ugna

Date Issued: 09/14/2021



October 18, 2021

ANDREA JENSEN GLOBAL IMPACT 1199 N. FAIRFAX STREET, SUITE 300 ALEXANDRIA, VA 22314

SUBJECT: EASTERN CONGO INITIATIVE, INCORPORATED

Ref. Number: W21000138017

We have received your document for EASTERN CONGO INITIATIVE, INCORPORATED and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must include the purpose(s) for which the corporation is authorized in the home state or country to be carried out in the state of Florida. Please make such correction to number 8 of the application.

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

Mel Solomon Senior Section Administrator

RECENTED MIT 29 2011

Letter Number: 621A00025339

www.sunbiz.org

Division of Comparations D.O. DOV 6207 Tellaharana Florida 2021