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	To:	Division of Corporations		
		Fax Number : (850)617-6383		
	From:			
		Account Name : CORPORATION S	ERVICE COMPANY	- <u> </u>
		Account Number : I20000000195 Phone : (850)521-0821		
		Phone : (850)521-0821 Fax Number : (850)558-1515		- 6 - 2 5
		Fax ((d)0)330 1313		
	••Enter	the email address for this busin	ess entity to be used	** '
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	-	FOREIGN PROFIT/NONPRO	OFIT CORPORATION	ON
	AHASSĒ	WILDCAT SERVICE O		
	<u> </u>	Certificate of Status	0	
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		Estimated Charge	\$70.00	
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Electronic Filing Menu — Corporate Filing Menu

Help

COVER LETTER

TO:	Registration Section Division of Corporations
CIL VIN I	CT: Wildest Service Corporation
SUBJ	Name of Corporation – must include suffix
Dear S	or Madam:
Affairs	osed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its n Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to he above referenced not for profit corporation to conduct its affairs in Florida.
Please	cturn all correspondence concerning this matter to the following:
	Amy Reisner
	Name of Person
	Wildcat Service Corporation
	Firm/Company
	633 Third Ave, 6th Fl.
	Address
	New York, NY 10017
	City/State and Zip Code
	areisner@fedcap.org
	E-mail address: (to be used for future annual report notification)
For fu	ner information concerning this matter, please call:
Amy	risner 212 727-4244
	Name of Person at (212 727-4244 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	d is a check for the following amount: ake check payable to: FLORIDA DEPARTMENT OF STATE 00 Filing Fee

DocuSign Envelope ID: 32D64E48-0578-4CE3-A251-2DDC88F848FE

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:

n the name at p	resent. "Company" or "Co." may	t is a corporation instead of a natural per y not be used as a corporate suffix by a	nonprofit corporation.)	
(If name unava	nilable in Florida, enter alternate	corporate name adopted for the purpose	e of transacting busines	ss in Florida)
New York		3. 13-2725423 (FEI nur	 -	2
07/31/1972		5		<u> </u>
(1	Date of Incorporation)	5(Date of duri	ation, if other than perp	petual)
			100.	7 1
(Date first cond	ucted affairs in Florida if prior to	registration. See sections 617,1501 & 617	7.1502, F.S. to determin	e <u>pe</u> nalty lidbility.)
633 Third Ave	e, 6th Fl, New York, NY 10017		宣	9
	ott 1, iven Tork. Ivi 1901)	(Principal office street address)	2.5	9.
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Promote rehab	pilitation, counseling and employ	Current mailing address, if different) rinent opportunities for individuals with	barriers to employmen	nt.
(Purpose(s) of Name and <u>str</u>	oilitation, counseling and employ corporation authorized in home eet address of Florida register	when opportunities for individuals with state or country to be carried out in the state agent: (P.O. Box <u>NOT</u> acceptab	state of Florida)	nt.
(Purpose(s) of Name and <u>str</u> Name:	oilitation, counseling and employ corporation authorized in home eet address of Florida register Corporation Service Company	when opportunities for individuals with state or country to be carried out in the state agent: (P.O. Box <u>NOT</u> acceptab	state of Florida)	nt.
(Purpose(s) of Name and <u>str</u> Name:	oilitation, counseling and employ corporation authorized in home eet address of Florida register	wment opportunities for individuals with state or country to be carried out in the state agent: (P.O. Box <u>NOT</u> acceptab	le)	nt.
(Purpose(s) of Name and <u>str</u> Name:	corporation authorized in home eet address of Florida register Corporation Service Company 1201 Hays Street Tallahassee	wment opportunities for individuals with state or country to be carried out in the state agent: (P.O. Box <u>NOT</u> acceptab	le)	nt.
(Purpose(s) of Name and <u>str</u> Name:	corporation authorized in home eet address of Florida register Corporation Service Company	when opportunities for individuals with state or country to be carried out in the state agent: (P.O. Box <u>NOT</u> acceptab	le)	nt.
Name and str Name: Name: ffice Address: O. Registered aving been not strated in the strategy of the strate	corporation authorized in home seet address of Florida register Corporation Service Company 1201 Hays Street Tallahassee (City) I agent's acceptance: umed as registered agent and its application. I hereby acceptions with the provisions for with and accept the obligation.	red agent: (P.O. Box NOT acceptable of accept service of process for the ept the appointment as registered agents of all statutes relative to the proper ations of my position as registered as	zate of Florida) Zip Code) zabove stated corporgent and agree to act	ration at the plac in this capacity
Name and str Name: Name: ffice Address: 0. Registered aving been not string area to	corporation authorized in home corporation authorized in home corporation authorized in home corporation Service Company 1201 Hays Street Tallahassee (City) If agent's acceptance: uned as registered agent and its application, I hereby accept the obligation with and accept the obligation of the service Company with the provisions for with and accept the obligation of the service Company with the provisions for with and accept the obligation of the service Company with the provisions for with and accept the obligation of the service Company corporation Se	red agent: (P.O. Box NOT acceptable of accept service of process for the ept the appointment as registered agents of all statutes relative to the proper ations of my position as registered as	zate of Florida) le) Zip Code) z above stated corporent and agree to act and complete perforagent.	ration at the plac in this capacity

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.

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12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

□Director	Christine McMahon Address: 633 Third Ave, 6th Fl New York, NY 10017	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other:	Name:Address
■Director	Name. Kenneth Brezenoff Address 633 Third Ave, 6th Fl New York, NY 10017 Treasurer Other	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other: □Other:	Name:
Non-inde-Rechlandists 13. Kenneth Brez	Notice Use an attachment to report more than six induals may be added to the index when filing your large of Chairman, Vice Chairman, or any off	Florida Department of	Address:

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROSSANA ROSADO, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: WILDCAT SERVICE CORPORATION

DOS ID Number: 256784

Entity Type: DOMESTIC NOT-FOR-PROFIT CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 07/31/1972

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on November 17, 2021 at 12:19 P.M.

ROSSANA ROSADO, Secretary of State

Brandon C Hylan

By Brendan C. Hughes

Executive Deputy Secretary of State