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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.

Account Number : 076117000420 Phone : (561)650-0728 Fax Number : (561)671-2527

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

Email Address: mstocks@gunster.com

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FOREIGN PROFIT/NONPROFIT CORPORATION

Race for Life, Inc.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

S. FRANKLIN

DEC - 6 2021

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 T. E STATE OF FLORIDA:

of Incorporation)	55. registration. See sections 6	7-3813883 (FEI number, if applied (Date of duration, if other 617.1501 & 617.1502, F.S. to	than perpetua	
of Incorporation) affairs in Florida if prior to	55. registration. See sections 6	(Date of duration, if other	than perpetua	
of Incorporation) affairs in Florida if prior to	55. registration. See sections 6	(Date of duration, if other	than perpetua	
affairs in Florida if prior to	registration. See sections 6			
affairs in Florida if prior to	registration. See sections 6			
		317.1501 & 617.1502, F.S. to	Jacannina na	
			ueiermine per	alty liabil
ad, Unit 2106, Fort Lauder	date, Florida 33310			
	(Principal office street	address)		<u> </u>
	(Finicipal office serece	address)	3-7	2:
			r-) E
((Surrent mailing address,	if different)	±c.¹	1
				2
c, literary, or educational p	urposes as described in S	Section 501(c)(3) of the Intern	nal Rev Code	o I 2 986
ration authorized in home	state or country to be car	ried out in the state of Florid	a) 📅 🕖	÷
ddress of Florida register	red agent: (P.O. Box N	OT acceptable)	127	59
Corporate Services, Inc.			_	
S Flagler Drive, Suite 5001	<u> </u>			
	. Flor	ida ³³⁴⁰¹		
(City)		(Zip Code)		
	oc, literary, or educational protein authorized in home address of Florida register. Corporate Services, Inc. S Flagler Drive, Suite 5001 It Palm Beach (City) Int's acceptance:	c, literary, or educational purposes as described in Soration authorized in home state or country to be cared divided and the state of country to be cared d	ddress of Florida registered agent: (P.O. Box NOT acceptable) Corporate Services, Inc. S Flagler Drive, Suite 500E It Palm Beach (City) (Zip Code)	ic, literary, or educational purposes as described in Section 501(c)(3) of the Internal Rev. Code oration authorized in home state or country to be carried out in the state of Florida) ddress of Florida registered agent: (P.O. Box NOT acceptable) Corporate Services, Inc. S Flagler Drive, Suite 500E t Palm Beach (City) (Zip Code)

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							
□Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
⊟Director	Unit 2106	□Director					
President	Fort Lauderdale, Florida 33316	☐ 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		7821 DEC			
□Vice President		□Vice President		DEC T			
Secretary	☐ Treasur er	Secretary		☐Treasurer ———————————————————————————————————			
□Other:	Other:	Other:		Other:			
				: 59			
Chairman	Name:	Chairman	Namc:				
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		Director		<u> </u>			
□President		President					
□Vice President		□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. /s/ James DeFrancesco (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. James DeFrancesco, President (Typed or printed name and capacity of person signing application)							

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RACE FOR LIFE, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE SECOND DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RACE FOR LIFE, INC." WAS INCORPORATED ON THE TWENTY-FOURTH DAY OF NOVEMBER, A.D. 2021.

2021 DEC -2 PM 4: 59

6424350 8300C SR# 20213957498

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 204844412

Date: 12-02-21