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(Red	uestor's Name)	
(Add	fress)	
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(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
ertified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

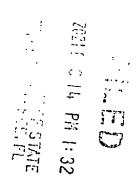
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S. HAWKES DEC _ = 2021

COVER LETTER

TO:	Division of Co	Legistration Section Division of Corporations			
CHRI	FCT. THE KOLO): WOMEN'S CROSS CULTU	RAL COLL	ABORATION	
SOD	ECT	Name of Corporation	on – must ir	clude suffix	-
Dear S	Sir or Madam:				
Affair	s in Florida", "Cer	on by Foreign Not for Profit tificate of Existence", or "C need not for profit corporati	ertificate of	Status" and che	eck are submitted to
Please	return all corresp	ondence concerning this ma	tter to the f	ollowing:	
	DANICA	ANDERSON			
		Name o	f Person		
	тне ко	LO: WOMEN'S CROSS CUL	TURAL CO	LLABORATION	
		Firm/C	Company		
	7638 581	'H AVENUE NE			
					
		Add	dress		
	OLYMP.	IA, WA 98516			
		City/State a	nd Zip Cod	c	
	MAGGIE	@KOLOCOLLABORATION	ORG		
	E-m	nail address: (to be used for	future annu	al report notific	ation)
For fu	rther information	concerning this matter, plea	se call:		
MAG	GIE MAILLET	at (646	643-8544	lephone Number
	Name c	of Person	Area Code	Daytime Te	iepnone Number
	Mailing Address			Address:	
Registration Section		_	Registration Section		
Division of Corporations		Division of Corporations The Centre of Tallahassee			
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			
	rananassee, r	L 32314		hassee, FL 323	
		the following amount: e to: FLORIDA DEPARTM!	ENT OF ST	ATE	
	0.00 Filing Fee	□\$78.75 Filing Fee &		Filing Fee &	□\$87.50 Filing Fee,
- *'	9	Certificate of Status		fied Copy	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. THE KOLO:	WOMEN'S CROSS CULTURAL COLLABOR	RATION INC.	browintion	e of lik	_
import in langu	oration: must include the word "INCORPORAT age as will clearly indicate that it is a corporation or "Co." may not be used as	on instead of a natural person or partnerships a corporate suffix by a nonprofit corporate	if not so ion.)	contain	icd
(If name unav	ailable in Florida, enter alternate corporate nam	e adopted for the purpose of transacting bu	siness in I	·lorida)	1
2. WASHINGT	ON antry under the law of which it is incorporated)				_
4. 12-6-2001	Date of Incorporation) 5				_
	Date of Incorporation)	(Date of duration, if other than	perpetual)	
6. 1-1-2022					
(Date first cond	ducted affairs in Florida if prior to registration. See	e sections 617.1501 & 617.1502, F.S. to dete	rmine pene	ılty liah	īlity.)
₇ 26 NE 60TH 3	STREET, MIAMI, FL 33137				
·	(Principal off	ice street address)			_
	(Current mailing	; address, if different)	<u> </u>		-
₈ EDUCATION	I, SCIENCE RESEARCH, CROSS CULTURA corporation authorized in home state or country	L PRACTICES, WOMEN'S FOCUS, WEI	FARE O	F CHIL	_I
(Purpose(s) of	corporation authorized in home state or country	to be carried out in the state of Florida)		23	_
9. Name and st	reet address of Florida registered agent: (P.0	O. Box <u>NOT</u> acceptable)	•••	3	1 1987 13
Name:	MAGGIE MAILLET		,-:	£.	d d
Office Address	. 27 NE 60TH STREET		771	ΞĬ	
	MIAMI	, Florida 33137 (Zip Code)	N THE	PH 1: 37	
	(City)	(Zin Coda)	L-L1	10	

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.

Majlet
(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 finitial indexing purposes, list haines, tides and addresses of the primary officers allow directors [up to six (o) total]:

A. DIRECTOR	DANICA ANDERSON Name:	□Chairman	Name: LINDA MALANCHUK-FINNAN		
□Vice Chairman	7638 59TH AVENUE, Address:	□Vice Chairman	Address: 3122 28TH AVENUE SE OLYMPIA, WA 98501		
Director	OLYMPIA, WA 98516	Director			
□President		President			
□Vice President		□Vice President			
Secretary	☐Treasurer	☐Secretary	Treasurer		
□Other:		□Other:	□Other:		
□Chairman □Vice Chairman	Name: MARSHA MAILLET 2379 BRIARWEST BOULEVARD 3 HOUSTON, TX 77077	□Chairman □Vice Chairman	Name:		
□Director	10000000	□Director			
□President		□President			
□ Vice President		□Vice President			
☐ Secretary	Treasurer	□Secretary	☐ Treasurer		
Other:	Other:	□Other:	□Other:		
□Chairman	Name:	□Chairman	Name:Address:		
Director		□Director			
□President		☐ President			
□Vice President		□Vice President			
☐ Secretary	☐ Treasurer	□Secretary	□lTreasurer		
□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. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. (Typed or printed name and capacity of person signing application)					

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

THE KOLO: WOMEN'S CROSS CULTURAL COLLABORATION

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 12/06/2001.

I 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.

I 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: 12/09/2021 UBI Number: 602 166 075

R Hohlie



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

Steve R. Hobbs, Secretary of State

Date Issued: 12/09/2021