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## **COVER LETTER**

TO:	gistration Section vision of Corporations				
SHBJ	JECT: The Ormjmp Foundation, Inc.				
50150	Name of Corporation – must include suffix				
Dear S	Sir or Madam:				
Affair	nclosed "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 er the above referenced not for profit corporation to conduct its affairs in Florida.				
Pleaso	e return all correspondence concerning this matter to the following:				
	Scott Singer				
	Name of Person				
	Singer Law Office, P.A.				
	Firm/Company				
621 NW 53rd Street					
	Suite 125				
	Address				
Boca Raton, FL 33487					
	City/State and Zip Code				
	scott@singerlawoffice.com				
	E-mail address: (to be used for future annual report notification)				
For fu	orther information concerning this matter, please call:				
Scott	Singer 561 558-7224 at ( )				
	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	sed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE  0.00 Filing Fee				

## 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:

	oundation, Inc.		
(If name unava	ailable in Florida, enter alternate c	corporate name adopted for the purpose of transacting b	usiness in Florida)
Delaware		3	
(State or cou	ntry under the law of which it is in	ncorporated) (FEI number, if applicable	e)
December 3, 2	2019	5.	
(I	Date of Incorporation)	5. (Date of duration, if other tha	n perpetual)
N/A			
Date first cond	ucted affairs in Florida if prior to re	egistration. See sections 617.1501 & 617.1502, F.S. to det	ermine penalty liability.)
621 NW 53rd	Street, Suite 125, Boca Raton, FL	. 33487	
0271111 3014		(Principal office street address)	
same as above			<u> </u>
	(Cı	arrent mailing address, if different)	29
Charitable, sci	entific, literary, or religious activi	ities within the meaning of I.R.C. 501(c)(3)	میر دین <u>خ</u>
Purpose(s) of	corporation authorized in home st	ities within the meaning of I.R.C. 501(c)(3) ate or country to be carried out in the state of Florida) and agent: (P.O. Box NOT acceptable)	
Name and str	eet address of Florida registere	ed agent: (P.O. Box NOT acceptable)	· F M
ranic and <u>sa</u>	er address of thoroat registere	a agent (1.6. Don <u>1.5.</u> acceptable)	A PURE CONTRACTOR
Name:	Singer Law Office, P.A.		- Ç
Name: fice Address:	621 NW 53rd Street, Suite 125	22.07	- ;·· Q
	Boca Raton	, Florida 33487 (Zip Code)	_
	(City)	(Zip Code)	_
	l agent's acceptance:		

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.

Scalf Singer, Scatt-Singer as Project of Singer law office, P.A.
(Registered agents signature)

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

A. DIRECTOR	S		
Chairman	Name: Scott Singer	□Chairman	Name:
□Vice Chairman	Address: 621 NW 53rd Street	□Vice Chairman	Address:
□Director	Suite 125	Director	
■ President	Boca Raton, FL 33487	□President	
□Vice President		□Vice President	
Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other:	Other:	□Other:	Other:
□Chairman	Name:	□Chaiπnan	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	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
Other:	Other:	□Other:	□Other:
Non-indexed indiv	Notice: Use an attachment to report more the iduals may be added to the index when filing (Signature of Chairman, Vice Chairman, or a as President	your Florida Department o	f State Annual Report form.  12 of the application)



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

DELAWARE, DO HEREBY CERTIFY "THE ORMJMP FOUNDATION" 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 THIRD DAY OF JANUARY, A.D. 2022.

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



Authentication: 202301220

Date: 01-03-22