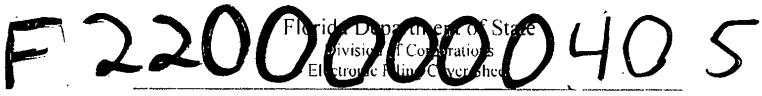
1/19/22, 12:59 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000024625 3)))



H220000246253ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

C-041	Address:			
rmail	Address:			

FOREIGN PROFIT/NONPROFIT CORPORATION

B. Morphed Foundation, Inc.

Certificate of Status Certified Copy Page Count	0 1 04
Page Count	1 04
	04
Estimated Charge S	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

JAN 19 2022

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:

		Land Carle aggree of transporting business	iness in Florida)	
(If name unavai	dable in Florida, enter alternate corpor	rate name adopted for the purpose of transacting busi	mess in rioriday	
2. Delaware		3 87-4005761		
(State or coun	try under the law of which it is incorp	orated) 3. 87-4005761 (FEI number, if applicable)		
4. 12/13/2021		5		
(D	ate of Incorporation)	5. (Date of duration, if other than p	perpetuar)	
6.	reted affairs in Florida if prior to registr	ation. See sections 617.1501 & 617.1502, F.S. to determ	mine penalty liabili	ij:.)
7. 3814 E Hibiscu	s St., Weston, FL 33332	cipal office street address)		
	·	_		
	(Curren	t mailing address, if different)		
	(Curren	,	,, <u>~</u>	
Charitable ode	restignal and scientific nurroses		2022 JAN 19 SEUKLAHA	
8. (Purpose(s) of s	cational, and scientific purposes	or country to be carried out in the state of Florida)		9 9
				-
9. Name and stre	eet address of Florida registered ag	iem: (1.0. Box NOT acceptable)	- }	1 8 8 Sec.
			SE RE	1 1 5
	C.T. Corporation System			-
Name:	C T Corporation System			C
Name: Office Address:	C T Corporation System 1200 South Pine Island Road	33324	10: 33 E.F.L.	C
Name: Office Address:	C T Corporation System 1200 South Pine Island Road Plantation (City)	Florida 33324 (Zip Code)	122 DAN 19 AM 10: 33	C
Name: Office Address:	C T Corporation System 1200 South Pine Island Road Plantation (City)	Florida 33324 (Zip Code)	10: 33	C
			•	
10. Registered Having been no	l agent's acceptance: imed as registered agent and to ac	ecept service of process for the above stated cor	rporation at the	place city. I
10. Registered Having been no designated in th	l agent's acceptance: imed as registered agent and to ac its application, I hereby accept the	ecept service of process for the above stated cor e appointment us registered agent and agree to I statutes relative to the proper and complete pe	rporation at the	place city. I
10. Registered Having been no designated in th	l agent's acceptance: imed as registered agent and to ac is application, I hereby accept the ocomply with the provisions of all iar with and accept the obligation.	ecept service of process for the above stated cor e appointment as registered agent and agree to I statutes relative to the proper and complete pe s of my position as registered agent.	rporation at the	place city. I
10. Registered Having been no designated in th	l agent's acceptance: imed as registered agent and to ac its application, I hereby accept the	ecept service of process for the above stated cor e appointment us registered agent and agree to I statutes relative to the proper and complete pe s of my position as registered agent. n System	rporation at the	place city. 1

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.

Page: 5 of 6

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

ClChairman	Brian Moran Name:	∏Chairman	Name: Saul Moise
☐Vice Chairman	Address: 3814 E Hibiscus St.	□Vice Chairman	Address: 3814 E Hibiscus St.
@Director	Westen, FL 33332	Director	Weston, FL 33332
@President		□President	
DVice President	The state of the s	@Vice President	
Discretary	[] Treasurer	□ Secretary	@Treasurer
[]Other:	C) Other	□Other:	Other:
[]Chairman	Name:	⊕Chairman	Name:
□Vice Chainnan	Address:	□ Vice Chairman	Address:
CiDirector		□ Director	
□Pre sident		□President	To see the second secon
□Vice President		□Vice President	-
☐Secretary	[]Treasurer	LI Secretary	□Treasurer
Other:	Other	Other:	COther:
©Chasrinan	Name:	[]Chairman	Name:
∐Vice Chairman	Address:	🗍 Vice Chairman	Address:
Director		Director	are d
□President		DPresident	
DVice President		Civice President	
DScoretary	[]Treasurer	☐ Secretary	☐ Treasurer
Track	☐ Other:	Other:	□Other.

Page: 6 of 6



Page 1

12122023573

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "B. MORPHED 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 EIGHTEENTH DAY OF JANUARY, A.D. 2022.

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

Authentication: 202416921

Date: 01-18-22