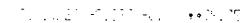
(Re	equestor's Name)				
(Address)					
(Address)					
(Ci	ity/State/Zip/Phone	<b>⇒#</b> )			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					

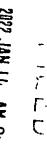




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SECRETARY OF STATE TALLAHASSEE, FI ORIO.



## **COVER LETTER**

TO:	egistration Section ivision of Corporations				
SHRI	ECT: Livingston's Way, Inc.				
0000	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 s 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.				
Please	return all correspondence concerning this matter to the following:				
	Kensington A. Wolgamott				
	Name of Person				
	Loeb & Locb LLP				
	Firm/Company				
	901 New York Avenue, NW. Suite 300E				
	Address Washington, D.C. 20001				
	City/State and Zip Code				
	kwolgamott@loeb.com; gabrielle.l.mcgee@gmail.com				
	E-mail address: (to be used for future annual report notification)				
For fu	rther information concerning this matter, please call:				
Kens	ington A. Wolgamott 202 524-8476				
	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 S78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee.  Certificate of Status Certified Copy Certificate of Status & Certified Copy				

jurisdiction under the law of which it is incorporated.

## 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:

Delaware	ilable in Florida, enter alternate cor	notate name adobted for the burbose of nansacting	chucinece in Marida)
		,,,,,,,	; ousness in Florida)
		3. 86-1180728	
·	try under the law of which it is inco		ible)
09/22/2020		5. Perpetual	
(D	Pate of Incorporation)	(Date of duration, if other the	han perpetual)
Date first condi	ucted affairs in Florida if prior to regis	stration. See sections 617.1501 & 617.1502, F.S. to a	letermine penalty liability.
	nciana Way, Suite 317-418, Palm B		
	(Pi	rincipal office street address)	<del> </del>
same as princi	pal office address		
	(Curr	ent mailing address, if different)	
Charitable, edi	icational, scientific, and literary pur	poses within the meaning of section 501(c)(3) of t	he Internal Rev. Code
Purpose(s) of o	corporation authorized in home state	or country to be carried out in the state of Florida	SE SE
Jama and str	not address of Florida registered	agent: (P.O. Box NOT acceptable)	BR2 JAN 14 SEURETAR TALL AHASS
varie and <u>str</u>	cer address of Frontia registered	agent. (1.0.1)0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	AN 14 EDAR HASS
Name	Gabrielle McGee		SSE AX
Name:			MARS
nce Address:	Palm Beach  (City)  Royal Poinciana Way, Suite 317-418  Plorida 33480  (Zip Code)		IM 9: 39  OF STATE  FLORIDI
	(City)	, Florida (Zip Code)	— 39 ·
	(0.0),	(t- /	<b>D</b>
	naontic accontence.		
. Registered	agent's acceptance:		corporation at the pla
ving been na	med as registered agent and to a	accept service of process for the above statea	corporation at the pra-
ving been na	med as registered agent and to a	accept service of process for the above stated he appointment as registered agent and agre all statutes relative to the proper and complete	e to act in this capacit
ving been na signated in th ther agree to	med as registered agent and to o is application, I hereby accept to comply with the provisions of a	he appointment as registered agent and agre all statutes relative to the proper and complete	e to act in this capacit e performance of my a
signated in th ther agree to	med as registered agent and to o is application, I hereby accept to comply with the provisions of a	accept service of process for the above stated he appointment as registered agent and agre- ill statutes relative to the proper and complete ns of my position as registered agent.	e to act in this capacit e performance of my a
ving been na signated in th ther agree to	med as registered agent and to a is application, I hereby accept to comply with the provisions of a ar with and accept the obligation	he appointment as registered agent and agre all statutes relative to the proper and complete	e to act in this capacit e performance of my a

A. DIRECTORS

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

Chairman	Gabrielle McGee	Chairman	Name:
-Vice Chairman	Address:	Vice Chairman	Same address Address:
<b>☑</b> Director	Suite 317-418	₹ Director	
<b>Z</b> President	Palm Beach, FL 33480	T President	
Vice President	- <del></del>	₹ Vice President	
Secretary	Treasurer	Secretary	Treasurer
Other:	Other:	Other:	Other:
-Chairman	Name:	. Chairman	Name:
Vice Chairman	Address:	Vice Chairman	Address:
<b>₹</b> Director		Director	
-President		— <sub>President</sub>	
		Vice President	
<b>Z</b> 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 Treasurer
Other:	Other:	Other:	Other:
	nt Notice: Use an attachment to report more than viduals may be added to the index when filing y		
13. Jaly 1 1/4	(Signature of Chairman, Vice Chairman, or an	v officer listed in number	12 of the application)
14. Gabrielle M	cGee, President		
	(Typed or printed name and capacity of	of person signing applicati	on)



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

DELAWARE, DO HEREBY CERTIFY "LIVINGSTON'S WAY, 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 TWELFTH DAY OF JANUARY, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

Authentication: 202384319

Date: 01-12-22