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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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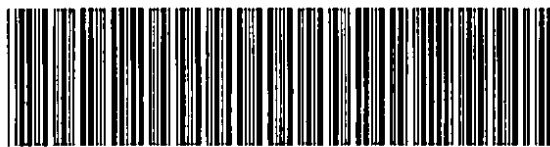
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STONO INSTITUTE FOR FREEDOM, JUSTICE AND SECURITY

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

DR. JEREMY LEVITT

Name of Person

STONO INSTITUTE FOR FREEDOM, JUSTICE AND SECURITY

Firm/Company

P.O. BOX 536006

Address

ORLANDO, FL 32853

City/State and Zip Code

ADMIN@STONONINSTITUTE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DR. JEREMY LEVITT

312

617-8622

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☒ \$87.50 Filing Fee,
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. STONO INSTITUTE FOR FREEDOM, JUSTICE AND SECURITY Corporation

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE

3. 85-1259023

(State or country under the law of which it is incorporated)

(FEL number, if applicable)

4. JUNE 2, 2020

5.

(Date of Incorporation)

(Date of duration, if other than perpetual)

6.

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 1400 BRIERCLIFF DR, ORLANDO, FL 32806

(Principal office street address)

P.O. BOX 536006, ORLANDO, FL 32853

(Current mailing address, if different)

8. TO ENGAGE IN RACIAL JUSTICE WORK

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: DR. JEREMY LEVITT

Office Address: 1400 BRIERCLIFF DR.

ORLANDO

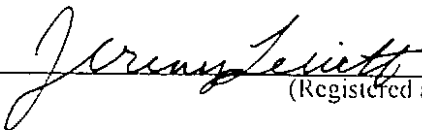
(City)

, Florida 32806

(Zip Code)

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.



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

A. DIRECTORS

☒ Chairman Name: DR. JEREMY LEVITT
☐ Vice Chairman Address: P.O. BOX 536006
☐ Director ORLANDO, FL 32853
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: _____ ☐ Other: _____

☐ Chairman Name: DR. MATTHEW WHITAKER
☒ Vice Chairman Address: P.O. BOX 536006
☐ Director ORLANDO, FL 32853
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: _____ ☐ Other: _____


☐ Chairman Name: NICOLE ROBINSON
☐ Vice Chairman Address: P.O. BOX 536006
☐ Director ORLANDO, FL 32853
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☒ Other: _____ ☐ Other: _____

☐ Chairman Name: RODERICK ZAK
☐ Vice Chairman Address: P.O. BOX 536006
☐ Director ORLANDO, FL 32853
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☒ Chairman Name: DR. CAROLE BOYCE-DAVIES
☐ Vice Chairman Address: P.O. BOX 536006
☐ Director ORLANDO, FL 32853
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☒ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DR. JEREMY LEVITT, CHAIRMAN
(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 THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "STONO INSTITUTE FOR FREEDOM, JUSTICE AND SECURITY" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF INCORPORATION, FILED THE SECOND DAY OF JUNE, A.D. 2020, AT 11:53 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID CORPORATION, "STONO INSTITUTE FOR FREEDOM, JUSTICE AND SECURITY".




Jeffrey W. Bullock, Secretary of State

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SR# 20220786339

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

Authentication: 202789777
Date: 03-01-22