F220000003975

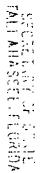
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

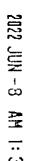
Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations			
SHRI	ISEECHANGE, INC.			
3010		of corporation	- must include suffix	· · · · · · · · · · · · · · · · · · ·
Dear S	Sir or Madam:			
"Certi	nclosed "Application by Foreign C ficate of Existence," or "Certificate referenced foreign corporation to	e of Good Stand	ding" and check are sub-	•
	return all correspondence concerr Cumari Drapkin	ning this matter	to the following:	
		Name of I	Person	
ISEEC	CHANGE, INC.			
		Firm/Com	pany	
4532 I	Bancroft Drive			
	· ·	Addre	SS	
New (Orleans, L.A., 70122			
		City/State ar	nd Zip code	
julia@	riseechange.org			
	E-mail addres	ss: (to be used for	or future annual report n	otification)
For fu	rther information concerning this r	natter, please ca	all:	
Julia I	Drapkin	917 at (720-7327	
	Name of Person	Area Code	Daytime Teleph	none Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please	sed is a check for the following am make check payable to: FLORIDA D 0.00 Filing Fee	DEPARTMENT ng Fee &	OF STATE \$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavail	able in Florida, enter alternate corporate name a	adopted for the purpose of transacting b	usiness in Florida)	
DELAWARE	3			
(State or count)			(FEI number, if applicable)	
(Date	of incorporation)	(Date of duration, if other than perpetual)		
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 rive, New Orleans, LA 70122	Florida, if prior to registration) 02, F.S., to determine penalty liability)	, <u> </u>	
		ce street address)		
			2022 SE TAL	
Name and stre	(Current mailing et address of Florida registered agent: (P.O. Chitranee Drapkin		2022 JUN -8 AH I	
Name:	206 2nd Avenue South		1 1:31 1 1:31	
		33712	19-	
	Saint Petersburg, Florida	. Florida		
Name: ffice Address:	Saint Petersburg, Florida (City)	, Florida (Zip code)		

10. 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.

A. DIRECTORS 1 Julia Kumari Drapkin Name: __ Chairman □ Chairman Name: _____ 4532 Bancroft Drie □ Vice Chairman Address: Address: □ Vice Chairman New Orleans, LA □ Director □ Director 70122 □ 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 _____ ☐ Chairman Name: Name: ☐ Chairman □Vice Chairman Address: ☐ Vice Chairman Address: ☐ Director ☐ Director □ President ☐ President □ Vice President ☐ Vice President ☐ Secretary ☐ Treasurer ☐ Secretary Treasurer □ Other ____ Other ____ □Other _____ Other ____ 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 Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

(Typed or printed name and capacity of person signing application)

Julia Kumari Drapkin



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

DELAWARE, DO HEREBY CERTIFY "ISEECHANGE, 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 THIRD DAY OF JUNE, A.D. 2022.

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

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ISEECHANGE,

INC." WAS INCORPORATED ON THE SEVENTH DAY OF FEBRUARY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



Authentication: 203587237

Date: 06-03-22