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## **COVER LETTER**

	Registration Section Division of Corporations				
CHDIE	CT: Peaceful Households Corporation				
SUDJE	Name of Corporati	ion – must include suffix			
Dear Sir	or Madam:				
Affairs i	losed "Application by Foreign Not for Profin Florida", "Certificate of Existence", or "Cthe above referenced not for profit corporate	Certificate of Status" and ch	eck are submitted to		
Please ro	eturn all correspondence concerning this ma	atter to the following:			
	Kathleen Orr				
	Name (	of Person			
	Peaceful Households				
	Firm/C	Company			
	13595 Messino Ct.				
	Ad	ldress			
	Estero Florida				
	City/State a	and Zip Code			
	33928				
	E-mail address: (to be used for	future annual report notifica	ation)		
For furth	ner information concerning this matter, plea	ise call:			
Kathleer		719 351-0893			
	Name of Person	Area Code Daytime Tel	lephone 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			
Please ma	I is a check for the following amount:  ake check payable to: FLORIDA DEPARTMI  O Filing Fee Sectificate of Status	ENT OF STATE  □\$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:

Colorado  3, 46-3480080  (State or country under the law of which it is incorporated)  (Date of Incorporation)  (Date of Incorporation)  (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liabilities and the state of Florida 33928  (Principal office street address)  (Current mailing address, if different)  (Current mailing address, if different)  (Current mailing address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Kathleen Orr  13593 Messino Ct.  Kathleen Orr  13593 Messino Ct.  13593 Messino Ct.  13593 Messino Ct.	(16	Title in the day of the day	anno anno adant	at for the number of transacting hu	einace in Florida)
August 22, 2013  (Date of Incorporation)  (Date of duration, if other than perpetual)  (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability of the street address (Principal office street address)  (Current mailing address, if different)  Provide education to Prevent Child A Buse   Neglect 22 (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	(If name unava	iliable in Florida, emer alternate	согрогате патие встори	id for the purpose of transacting our	smess in Frontaa)
August 22, 2013  (Date of Incorporation)  (Date of Incorporation, if other than perpetual)  (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability in the state of Florida 33928  (Principal office street address)  (Current mailing address, if different)  Provide education to Prevent Child A Buse   Neglect 22  (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Kathleen Orr	Colorado		3, 46-348	:0080	
(Date of Incorporation)  (Date of duration, if other than perpetual)  Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability in the state of Florida 33928  (Principal office street address)  (Current mailing address, if different)  Provide education to Prevent Child Abuse   Neglect Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Kathleen Orr			incorporated)	(FEI number, if applicable)	)
(Date of Incorporation)  (Date of duration, if other than perpetual)  Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability in the state of Florida 33928  (Principal office street address)  (Current mailing address, if different)  Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  Name: Kathleen Orr	August 22, 201		5.		
(Principal office street address)  (Current mailing address, if different)  (Current mailing address, if different)	(1	Date of Incorporation)		(Date of duration, if other than	perpetual)
(Principal office street address)  (Current mailing address, if different)  (Current mailing address, if different)	Data first cond	noted affairs in Florida if prior to r	registration See section	x 617 1501 & 617 1502 F.S. to deter	rmine penalty liability
Current mailing address, if different)  Provide education to Prevent child Abuse I Neglect Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Kathleen Orr					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Current mailing address, if different)  Provide education to Prevent Child ABuse I Neglect Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Kathleen Orr	3593 Messino	Ct. Estero Flordia 33928	(0)		
Provide education to Prevent Child ABuse   Neglect Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida   Hame and street address of Florida registered agent: (P.O. Box NOT acceptable)			(Pinicipal office <u>stree</u>	a address)	
Provide education to Prevent Child A Buse   Neglect Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida   Name and street address of Florida registered agent: (P.O. Box NOT acceptable)					··· > <b>&gt;</b> 3
Name: Kathleen Orr		((	Jurrent mailing address	i, if different)	222
Name: Kathleen Orr	_				يخ الله
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Kathleen Orr	Provide	education to Pr	revent child	ABuse / Neglect	<del> </del>
	urpose(s) of	corporation authorized in home s	state or country to be c	arried out in the state of Florida)	, <u>, , , , , , , , , , , , , , , , , , </u>
			and number (D.O. Pow	NOT aggregate bla	· · · · · · · · · · · · · · · · · · ·
	vame and <u>str</u>	eet address of Florida register	red agent: (r.O. box	NOT acceptable)	
		Kathleen Orr			ω
	Name:	13593 Messino Ct			- 90 -
Estero Florido 33928	ice Address:	Unteres		33078	-
Estero , Florida 33928 (Zip Code)		(City)	, Flo	orida (Zin Code)	-
(City) (Exp Code)		(City)		(Exp Code)	

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. DIRECTOI			
<b>■</b> Chairman	Colleen Head Name:	☐ Chairman	Name: Cindy Lau
□Vice Chairman	Address:	□Vice Chairman	8220 Mule Deer Dr. Address:
Director	Colorado Springs, CO 80919	Director	Pueblo CO 81005
□President		□President	
□Vice President	<del></del>	□Vice President	
☐ Secretary	☐ Treasurer	Secretary	☐Treasurer
Other:	Other:	Voting m ■Other:	ember Other:
□ Chairman	Paula Hergert	□Chairman	James Orr
□Vice Chairman	Address:	□Vice Chairman	Address:
Director	Colorado Springs, CO 80905	□Director	Estero FL 33928
□President		□President	
□Vice President		□ Vice President	
<b>■</b> Secretary	☐ Treasurer	☐ Secretary	<b>∃</b> Treasurer
Other:	☐ Other:	Other:	□ Other:
□Chairman	Jessica Mars Name:	□Chairman	Name:
■Vice Chairman	Address:		Address:
□Director	Puchio CO 81009	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 than size that	r Florida Department o	f State Annual Report form.  12 of the application)

# OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

### CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Peaceful Households

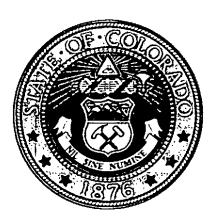
#### is a

#### Nonprofit Corporation

formed or registered on 08/22/2013 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20131479784.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/10/2022 that have been posted, and by documents delivered to this office electronically through 05/12/2022 @ 06:21:01.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 05/12/2022 @ 06:21:01 in accordance with applicable law. This certificate is assigned Confirmation Number 14015363



Secretary of State of the State of Colorado

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us.biz/Certificate/Secretar/Certificate/secretary of State's Web site, http://www.sos.state.co.us.biz/Certificate/secretar/Certificate/secretary-optional number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sos.state.co.us.click/Businesses.trademarks.trade.names/and-select/Frequently-Asked-Questions."

\*End of Certificate\*