

F22000004224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

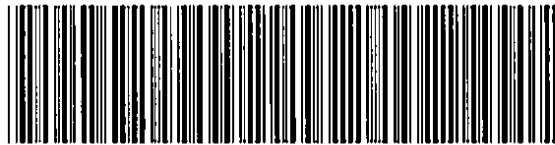
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2022 JUL -5 AM 9:53
TALLAHASSEE, FL 32309

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2022 JUL -5 AM 6:55
TALLAHASSEE, FL 32309

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 07/05/2022

****WALK IN****

ENTITY NAME INTERNATIONAL END OF LIFE DOULA ASSOCIATION A NJ NONPROFIT CORPORATION

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70

ACCOUNT #: I20160000072

S. R. J. / J. R.

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTERNATIONAL END OF LIFE DOULA ASSOCIATION A NJ NONPROFIT CORPORATION

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:

DOUGLAS SIMPSON

Name of Person

INTERNATIONAL END OF LIFE DOULA ASSOCIATION A NJ NONPROF

Firm/Company

69 MONTGOMERY STREET #287

Address

JERSEY CITY, NJ 07303

City/State and Zip Code

douglas@inelda.org

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

For further information concerning this matter, please call:

Georgina Vega _____ at (800) 567-4397
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. INTERNATIONAL END OF LIFE DOULA ASSOCIATION A NJ NONPROFIT 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. NEW JERSEY 3. 47-3023741
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/4/2015 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. 69 MONTGOMERY STREET #287, JERSEY CITY, NJ 07303
(Principal office street address)

69 MONTGOMERY STREET #287, JERSEY CITY, NJ 07303
(Current mailing address, if different)

8. INELDA IS DEDICATED TO PROVIDE THE VERY BEST EDUCATION, HIGHLY SOUGHT AFTER, CERTIFICATION, CREDENTIALS, AND SUPERIOR PROGRAM DEVELOPMENT FOR THE END OF LIFE DOULA FIELD.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

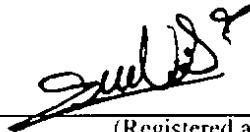
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: URS AGENTS, LLC

Office Address: 3458 LAKESHORE DRIVE
TALLAHASSEE, Florida 32312
(City) (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.



Georgina Vega, Asst. Secretary

(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.

FILED
2022 JUL -5 AM 6:55
TALLAHASSEE
FLORIDA
SECRETARY OF STATE

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

A. DIRECTORS

<input type="checkbox"/> Chairman	Name: KRIS KINGTON-BARKER	<input type="checkbox"/> Chairman	Name: DOUGLAS SIMPSON
<input type="checkbox"/> Vice Chairman	Address:	<input type="checkbox"/> Vice Chairman	Address:
<input type="checkbox"/> Director	69 MONTGOMERY STREET #287, JERSEY CITY, NJ 07303	<input type="checkbox"/> Director	69 MONTGOMERY STREET #287, JERSEY CITY, NJ 07303
<input type="checkbox"/> President		<input type="checkbox"/> President	
<input type="checkbox"/> Vice President		<input type="checkbox"/> Vice President	
<input checked="" type="checkbox"/> Secretary	<input checked="" type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Other: CEO	<input type="checkbox"/> Other:
<input type="checkbox"/> Chairman	Name: SANDRA PLACE	<input type="checkbox"/> Chairman	Name: COREY KENNARD
<input type="checkbox"/> Vice Chairman	Address:	<input type="checkbox"/> Vice Chairman	Address:
<input type="checkbox"/> Director	69 MONTGOMERY STREET #287, JERSEY CITY, NJ 07303	<input checked="" type="checkbox"/> Director	69 MONTGOMERY STREET #287, JERSEY CITY, NJ 07303
<input checked="" type="checkbox"/> President		<input type="checkbox"/> President	
<input type="checkbox"/> Vice President		<input type="checkbox"/> Vice President	
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Chairman	Name: OSCAR COHEN	<input type="checkbox"/> Chairman	Name:
<input type="checkbox"/> Vice Chairman	Address:	<input type="checkbox"/> Vice Chairman	Address:
<input checked="" type="checkbox"/> Director	69 MONTGOMERY STREET #287, JERSEY CITY, NJ 07303	<input checked="" type="checkbox"/> Director	69 MONTGOMERY STREET #287, JERSEY CITY, NJ 07303
<input type="checkbox"/> President		<input type="checkbox"/> President	
<input type="checkbox"/> Vice President		<input type="checkbox"/> Vice President	
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> 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. Douglas Simpson
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DOUGLAS SIMPSON, CEO
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

**INTERNATIONAL END OF LIFE DOULA ASSOCIATION A NJ NONPROFIT CORPORATION
0400721421**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on February 04, 2015.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

DOUGLAS SIMPSON
69 MONTGOMERY STREET
#287
JERSEY CITY, NJ 07303



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
28th day of June, 2022.*

A handwritten signature in cursive script, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6133356455

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp