

F22000005833

(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



500393731425

2022 SEP 13 PM 5:00  
S. FRANKLIN  
SEP 17 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SAFE HARBOUR INTERNATIONAL 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:

BARRINGTON BRYAN  
Name of Person

SAFE HARBOUR INTERNATIONAL  
Firm/Company

6002 85<sup>TH</sup> AVE  
Address

NEW CARROLLTON, MD 20784  
City/State and Zip Code

SAFEHARBOUR PANAMA @ GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARRINGTON BRYAN at ( 772 ) 212-2030 or 772-905-9835  
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

2022 SEP 13 PM 5:14

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. SAFE HARBOUR INTERNATIONAL 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.)

~~SAFE HARBOUR~~ SHI CORPORATION  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. WASHINGTON, USA 3. 83-2474955  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/21/2018 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. 6002 85<sup>th</sup> AVE NEW CARROLLTON, MD 20784  
(Principal office street address)

\_\_\_\_\_  
(Current mailing address, if different)

8. RELIGIOUS AND HUMANITARIAN SUPPORT TO FAMILIES & CHILDREN  
(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: BARRINGTON BRYAN

Office Address: 1676 CARBONDALE AVE NW  
PALM BAY, Florida 32907-8649  
(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.

Barrington Bryan  
(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**

<input type="checkbox"/> Chairman	Name: <u>BARRINGTON BRYAN</u>	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>1676 CARBONDALE AVE NW</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	<u>PALM BAY</u>	<input type="checkbox"/> Director	_____
<input checked="" type="checkbox"/> President	<u>FLORIDA</u>	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	<u>32907-8649</u>	<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: <u>CAROL BRYAN</u>	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>1676 CARBONDALE AVE NW</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	<u>PALM BAY</u>	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	<u>FLORIDA</u>	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	<u>32907-8649</u>	<input type="checkbox"/> Vice President	_____
<input checked="" 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: <u>ALEJANDRO HENRIQUEZ</u>	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>5855 GLEN EAGLE LN</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input checked="" type="checkbox"/> Director	<u>VERO BEACH</u>	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	<u>FLORIDA</u>	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	<u>32967</u>	<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. Barrington Bryan  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. BARRINGTON BRYAN PRESIDENT  
(Typed or printed name and capacity of person signing application)

2022-13  
P115:14

UNITED STATES OF AMERICA

# The State of Washington

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this certificate that according to the records on file in this office,

**SAFE HARBOUR INTERNATIONAL**

a/an WA NONPROFIT CORPORATION is duly authorized to transact business in the State of Washington, with an expiration date of 11/30/2022, and I certify that the following records are on file in this office:

Issued Date: 08/19/2022  
UBI Number: 604 373 818

Filing	Date Filed	Effective Date
ARTICLES OF INCORPORATION	11/21/2018	11/21/2018 <sup>02</sup>
ANNUAL REPORT DUE DATE NOTICE	10/01/2019	10/01/2019 <sup>1</sup>
ANNUAL REPORT	11/13/2019	11/13/2019 <sup>3</sup>
ANNUAL REPORT DUE DATE NOTICE	10/01/2020	10/01/2020 <sup>11</sup>
DELINQUENT ANNUAL REPORT NOTICE	12/01/2020	12/01/2020 <sup>5</sup>
ANNUAL REPORT	12/29/2020	12/29/2020 <sup>11</sup>
ANNUAL REPORT DUE DATE NOTICE	10/01/2021	10/01/2021
DELINQUENT ANNUAL REPORT NOTICE	12/01/2021	12/01/2021
ANNUAL REPORT	02/11/2022	02/11/2022



Given under my hand and the Seal of the State  
of Washington at Olympia, the State Capital

*Steve R Hobbs*

Steve R. Hobbs, Secretary of State

Date Issued: 08/19/2022