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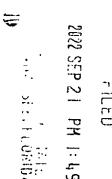
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### **COVER LETTER**

TO:	Registration Section
	Division of Corporations

SUBJECT: Waterfront Alliance, Inc.

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:

Kate McLetchie-Sheldon
Name of Person
Waterfront Alliance, Inc.
Firm/Company
256 W. 36th Street, 11th Floor
Address
New York, NY 10018
City/State and Zip Code

kmcletchie@waterfrontalliance.org

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

For further information concerning this matter, please call:

Kate McLetchie-Sheldon at (212 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:

□\$78.75 Filing Fee & □\$78.75 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:

	ont Alliance, Inc.				
(Name of corp import in langual in the name at	oration: must include the word "I uage as will clearly indicate that is present. "Company" or "Co." may	NCORPORATED" or "CORPORATED" tis a corporation instead of a natury not be used as a corporate suffix	CTION" or words or al person or partners by a nonprofit corpo	abbreviations c hip if not so co ration.)	of like intained
N/A					
(If name una	vailable in Florida, enter alternate	corporate name adopted for the pu	rpose of transacting	business in Flo	orida)
Now Vor	-12	40 4055067			
2. New Yor	Muntry under the law of which it is	3. 13-4355067 (FE	I number, if applical	ы <del>гу —</del> ——	
4. 02/06/200	07	- N/A	• •		
4. <u>02/00/20</u> (	(Date of Incorporation)	5. N/A (Date of	f duration, if other th	ian perpetual)	
6. N/A					
b. (Date first con	iducted affairs in Florida if prior to	registration. See sections 617,1501 e	₹ 617.1502, F.S. to de	etermine penalty	· liability.)
- 256 W 3	6th Street, 11th Floor, N	New York NY 10018			
7. <u>200 <b>11</b>. 0</u>	000000, 170771001, 1	(Principal office street address)			<del></del>
050144.0		NI N 1 NN 40040			
256 W. 3	6th Street, 11th Floor,	New York, NY 10018 Jurrent mailing address, if different	<del>/\</del>		
	10	dirent maning address, it directem	.,		
Dovious	and varific arabata vair	a the Meterfront Edge	Donian Cuide	olingo	
8. Purnose(s) of	t corporation authorized in home	ng the Waterfront Edge state or country to be carried out in	the state of Florida		
(1 titpose(3) (//	t corporation additionated in nome	ance of country was curred out to	the state of Frontal,		
9. Name and <u>st</u>	treet address of Florida register	red agent: (P.O. Box <u>NOT</u> acce <sub> </sub>	ptable)		
	Degistered Agente Inc				
	Registered Agents Inc	<u></u>			
Office Address	7901 4th St N STE 300				
	St. Petersburg	. Florida 337	02		
	(City)		(Zip Code)		
10 Registere	ed agent's acceptance:				
Having been n	iamed as registered agent and	to accept service of process for	the above stated o	corporation ធ្វី	the place
designated in t further agree t	this application, I hereby acce, to comply with the provisions (	pt the appointment as registere of all statutes relative to the pro	d agent and agree oper and complete	to act in this performance	capacity. I Fof my duties
and I am fami.	liar with and accept the obliga	of all statutes relative to the pro tions of my position as register	red agent.	,	<del>ซ</del> ์ <u>[</u> ง
					9
	R.V. N				<b>E</b> ::
	Jan Pane	(Registered agent's signature)		<del></del>	
		•		27 77 F	-
<ol> <li>Attached i</li> </ol>	s a certificate of existence duly	authenticated, not more than 9	0 days prior to deli	ivery of this li	<del>p</del> plication 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. DIRECTOR  □ Chairman	Name: Cortney Worrall	<b>Z</b> Chairman	Name: Chris Ward
□Vice Chairman	Address: 256 W. 36th Street, 11th Floor	□Vice Chairman	Address: 42 West 39th Street, 7th Floor
□Director	New York, NY 10018	Director	New York, NY 10018
<b>☑</b> President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other:	□ Other:	□Other:	Other:
□Chairman	Name: Kathy Robb	□Chairman	<sub>Name:</sub> John Boulé
<b>¼</b> Vice Chairman	Address: 161 East 79th Street, #12B	<b>∑</b> Vice Chairman	Address: 132 West 31st Street, Suite 301
□Director	New York, NY 10075	□Director	New York, NY 10001
□President		□President	
□Vice President		☐Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other:	☐ Other:	□Other:	□ Other:
□Chairman	Name: Hillary Lane	□Chairman	Name: Rick Larrabee
□Vice Chairman	Address: 428 Columbus Avenue, #4F	□Vice Chairman	Address: 39 Violet Ct.
□Director	New York, NY 10024	□Director	Holmdel, NJ 07733
□President		□President	
□Vice President		□Vice President	
<b>∑</b> Secretary	□Treasurer	☐ Secretary	<b>5</b> Treasurer
□Other:	Other:	Other:	□Other:
Non-indexed indiv	Notice: Use an attachment to report more than sold duals may be added to the index when filing you (Signature of Chairman, Vice Chairman, or any own Worrall, President and CEO of Wa	ur Florida Department o	of State Annual Report form.  12 of the application)

#### STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: WATERFRONT ALLIANCE, INC.

DOS ID Number: 3473214

Entity Type: DOMESTIC NOT-FOR-PROFIT CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 02/06/2007

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on September 01, 2022 at 01:49 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Higher

By Brendan C. Hughes

**Executive Deputy Secretary of State** 

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