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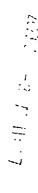
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COVER LETTER

TO:	Registration Section Division of Corporations
CHDI	ECT: Society of Family Planning, Inc.
SUD	Name of Corporation – must include suffix
Dear S	Sir or Madam:
Affair	nclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its s in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to the above referenced not for profit corporation to conduct its affairs in Florida.
Please	return all correspondence concerning this matter to the following:
	Maggie Baker
	Name of Person
	Society of Family Planning, Inc.
	Firm/Company
	PO Box 18342
	PO Box 18542
	Address
	Denver, CO 80218 City/State and Zip Code
	end of the second of the secon
	admin@societyfp.org
	E-mail address: (to be used for future annual report notification)
For fu	orther information concerning this matter, please call:
Magş	gie Baker 866 584-6758 ext 414
	Name of Person at (
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE 0.00 Filing Fee

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:

Society of Family Planning, Inc.

(State or cour			ness in Florida)
 (State or cour 		orated) 3. 30-0291539 (FEI number, if applicable)	
	ntry under the law of which it is incorp	porated) (FEI number, if applicable)	
01/13/2005	Nata of Invorporation)	5. (Date of duration, if other than pe	erpetual)
		(Mark or Calanties), it can be also than the	•
Upon Registra	allion	ation. See sections 617.1501 & 617.1502, F.S. to determ	ine penalty liability
1541 N. Mario	on Street, Unit 18342, Denver, CO 802 (Prin	118	
	(1111)	icipal office <u>street</u> address/	
PO Box 18342	. Denver, CO 80218		
	(Currer	it mailing address, if different)	133
		the desired	***
To advance an	d promulgate knowledge regarding ta	mily planning. or country to be carried out in the state of Florida)	
rurpose(s) or	corporation authorized in nome state v	A country to be curred out on the contract of	i,
Name and str	<u>eet address</u> of Florida registered ag	gent: (P.O. Box <u>NOT</u> acceptable)	:
			<u> </u>
Name:	InCorp Services, Inc.		
	17888 67th Court North		
ffice Address:			
ffice Address:	Loxahatchee	Florida 33470 (Zip 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. DIRECTOR				Megan Kavanaugh				
□Chairman	Name: PO Box 18342	□ Chairman		PO Box 18342				
□ Vice Chairman	Address: Denver, CO 80218	□ Vice Chairman		CO 80218				
□Director	Deliver, CO 80218	□Director						
■ President		□President						
□Vice President		□ Vice President						
Secretary	□Treasurer	■ Secretary		□Treasurer				
□Other:	☐ Other:	Other:		□Other:				
□ Chairman	Anitra Beasley Name:	□Chairman	Name: _	Amanda Dennis				
□Vice Chairman	PO Box 18342 Address:	□Vice Chairman	Address:	PO Box 18342				
□Director	Denver, CO 80218	□Director	Denver,	CO 80218				
□President		□President						
□Vice President		□Vice President						
□Secretary	■ Treasurer	☐ Secretary		☐Treasurer				
□Other:	Other:	■Other:	ector	Other:				
□Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:	:				
□Director		Director						
□President		□Presidem						
□Vice President		□Vice President						
□ Secretary	□Treasurer	☐ Secretary		□Treasurer				
□Other:	Other:	□Other:		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. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. Amanda Dennis								
(Typed or printed name and capacity of person signing application)								

File Number

6399-730-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

SOCIETY OF FAMILY PLANNING, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON JANUARY 13, 2005, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.





In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 8TH day of DECEMBER A.D. 2022.

Authentication #: 2234200438 verifiable until 12/08/2023

Authenticate at: https://www.ilsos.gov

Desse White

SECRETARY OF STATE