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TURQOISE CHARITABLE FOUNDATION. INC

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M

COVER LETTER

10:	Division of Corporations				
CHDI	ECT: Turquoise Charitable Foundation, Inc.				
SODI	Name of Corpora	ation – must ir	iclude suffix		
Dear S	Sir or Madam:				
Affair:	nclosed "Application by Foreign Not for Pros s in Florida", "Certificate of Existence", or er the above referenced not for profit corpor	"Certificate of	f Status" and c	heck are submitted to	
Please	return all correspondence concerning this	matter to the fo	ollowing:		
	Steven L. Hayes				
	Name	e of Person			
	Steven L. Hayes, PA				
	Firm	1/Company			
	2840 West Bay Drive, #373				
		Address			
	Belleair Bluffs, Florida 33770				
	City/State	e and Zip Code	e	<u>. </u>	
	steve@slhayespa.com				
	E-mail address: (to be used for	or future annua	il report notific	cation)	
For fu	rther information concerning this matter, pl	ease call:			
Stever	1 L. Hayes	, 727	238-5754		
	Name of Person	Area Code	Daytime Te	elephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Regist Divisi The C 2415 i	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Please r	ed is a check for the following amount: make check payable to: FLORIDA DEPARTM .00 Filing Fee \$\Bigcup \frac{1}{2}\$78.75 Filing Fee & Certificate of Status	□\$78.75 F	TE Filing Fee & ied 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

'N 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:

TurquoiseFoundation (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida Delaware Delaware	·
Delaware 3, 87-1174327 (State or country under the law of which it is incorporated) April 29, 2021 5. (Date of Incorporation) (Date of duration, if other than perpetual)	·
April 29, 2021 (Date of Incorporation) 5. (Date of duration, if other than perpetual)	
April 29, 2021 (Date of Incorporation) 5. (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 penalt	ty liability.)
2840, West Bay Drive, #373, Belleair Bluffs, Florida 33770	
(Principal office street address)	
(, , , , , , , , , , , , , , , , , , ,	
C/O Steven L. Hayes, P.O. Box 4929, Clearwater, Florida 33758	
(Current mailing address, if different)	
Private Charitable Foundation (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	
(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)	2023 FEB 10
	لياً .
Name: Steven L. Hayes	. 8
2840 West Bay Drive. #373	
Fice Address: 2840 West Bay Drive. #373 Belleair Bluffs Florida 33770 (City) (Zip Code)) ###:17
Florida 35770	= =
(City) (Zip Code)	-
). Registered agent's acceptance:	7

1. 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.

(Registered agent's signature)

2. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) otal]: A. DIRECTORS Steven L. Hayes **∃**Chairman □ Chairman Name: _____ 2840 West Bay Drive, #373 ☐ Vice Chairman Address: ☐ Vice Chairman Address: Belleair Bluffs, Florida 33770 □Director □ Director President □ President ☐Vice President □Vice President **■**Secretary □Treasurer □ Secretary ☐ Treasurer □Other:_____ ☐Other: _____ Other:____ □Other:_____ □Chairman Name: □Chairman Name: □Vice Chairman Address: _____ □ Vice Chairman Address: □Director □ Director **DPresident** □ President □Vice President ☐ Vice President ☐Secretary □Treasurer □ Secretary □Treasurer 30ther: _____ ☐ Other:_____ Other: □Other:____ **JChairman** Name: ☐ Chairman Name: ∃Vice Chairman Address: □ Vice Chairman Address: **Director** Director ∃President □President ∃Vice President □ Vice President **DSecretary** Treasurer ☐ Secretary Treasurer ☐ Other:_____ Other:_____ □Other:____ **SOTE:** <u>Important Notice:</u> Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Son-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. (Signature of Chairman, Mce Chairman, or any officer listed in number 12 of the application)

Steven L. Hayes

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TURQUOISE CHARITABLE FOUNDATION" IS

DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE

RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF FEBRUARY, A.D.

2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TURQUOISE CHARITABLE FOUNDATION" WAS INCORPORATED ON THE TWENTY-NINTH DAY OF APRIL, A.D. 2021.

Authentication: 202680898

Date: 02-09-23