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COVER LETTER

TO:	Registration Section Division of Corporations						
SHR	JECT: Incluvie Foundation, Inc.						
., () ()	Name of Corporation – must include suffix	-					
Dear S	Sir or Madam:						
Affair	nclosed "Application by Foreign Not for Profit Corporation for Authorization to Conducts in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted the above referenced not for profit corporation to conduct its affairs in Florida.	t its ed to					
Please	return all correspondence concerning this matter to the following:						
	Jordan Halle - 443-263-8205						
	Name of Person						
	Whiteford, Taylor & Preston						
	Firm/Company	B -8	Acres Acres				
	7 St. Paul Street	7					
	Suite 1500	သ -					
	Address Baltimore, 21202						
	City/State and Zip Code						
	jhalle@wtplaw.com						
	E-mail address: (to be used for future annual report notification)						
For fu	orther information concerning this matter, please call:						
Cathe	rine Yee 781 308-5189						
	Name of Person at () Area Code Daytime Telephone Number	r					
	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	ate of S	Status &				

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:

	21 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		6-41	Luciano in Flo	-14-1
(If name unava	illable in Florida, enter alternate	corporate name adopted	for the purpose of trans	acting dusiness in Pio	iiua)
Delaware		3 92-1001	458		
(State or cou	ntry under the law of which it is i	incorporated)	(FEI number, if a	pplicable)	
10/25/2022		5			
])	Date of Incorporation)		(Date of duration, if o	ther than perpetual)	
(Date first cond	ucted affairs in Florida if prior to r	registration. See sections (17.1501 & 617.1502, F.	S. to determine penalty	·liability
1065 SW 8th	Street #1667, Miami, FL 33130				
1003 3 4 6 6 6 6	711007, 17111111, 113 33 130	(Principal office street	address)		
Name and <u>str</u>	by and filmmakers of under and/corporation authorized in home seet address of Florida register. Catherine Shimin Yee 1065 SW 8th Street #1667	ed agent. (1.0. Box is	OT acceptable)	-8 PM 3: 15	
rrice reducess.	Miami		ida 33130		
	(City)		ida 33130 (Zip Code)	
	l agent's acceptance:	to accept service of pi	registered agent and	agree to act in this	capacit
aving been no esignated in the either agree to	us application, I hereby accept comply with the provisions of	of all statutes relative	to the proper and con	npiete perjormance	of my a
aving been no esignated in th orther agree to	us application. I hereby acces	of all statutes relative	to the proper and con is registered agent.	npiete perjormunce	oj my
aving been no esignated in the orther agree to	us application, I hereby accept comply with the provisions of	of all statutes relative	s registered agent.	npiete perjormance	oj my
	(City) I agent's acceptance:	to accept service of pi	rocess for the above so	tated corporation a agree to act in this	capac

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	Catherine Shimin Yee	□Chairman	Mohameth Seck	
□Chairman	Name:	□Vice Chairman	Name:	
□Vice Chairman				
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	2028	
□President		□President		
□Vice President		□Vice President	SS & T SS & T	
□Secretary	□Treasurer	Secretary	Treasurer (D	
□Other:	Other:	□Other:	• • • • • • • • • • • • • • • • • • •	
Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		□President		
□ Vice President		□Vice President		
□Secretary	Treasurer	☐ Secretary	Treasurer	
Other:	Other:	Other:	□Other:	
NOTE: Importan Non-indexed indiv 13	At Notice: Use an attachment to report more than so viduals, may be added to the index when filing you (Signature of Chairman, Vice Chairman, or any entition Yee) (Typed or printed name and capacity of	ur Florida Department of the first of the fi	of State Annual Report form. 12 of the application)	

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "INCLUVIE FOUNDATION, INC." 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 TWENTY-SIXTH DAY OF JANUARY, 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 SAID "INCLUVIE FOUNDATION, INC." WAS INCORPORATED ON THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2022.





Authentication: 202587510

Date: 01-26-23

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