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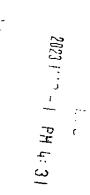
| (Re | equestor's Name) | | | | |
|-------------------------|--------------------|-----------------|--|--|--|
| (Ac | ddress) | | | | |
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| (Ĉi | ty/State/Zip/Phone | = #) | | | |
| PICK-UP | MAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to | Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | |
|--------|--|--|--|--|--|--|
| end l | ECT: The Resource Exchange, Inc | | | | | |
| SOD. | Name of Corporation – must include suffix | | | | | |
| Dear S | ir or Madam: | | | | | |
| Affair | closed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to r the above referenced not for profit corporation to conduct its affairs in Florida. | | | | | |
| Please | return all correspondence concerning this matter to the following: | | | | | |
| | Heather Whitworth | | | | | |
| | Name of Person | | | | | |
| | The Resource Exchange, Inc | | | | | |
| | Firm/Company | | | | | |
| | 6385 Corporate Dr., Suite 100 | | | | | |
| | | | | | | |
| | Address | | | | | |
| | Colorado Springs, CO 80919 | | | | | |
| | City/State and Zip Code | | | | | |
| | hwhitworth@trc.org | | | | | |
| | E-mail address: (to be used for future annual report notification) | | | | | |
| For fu | ther information concerning this matter, please call: | | | | | |
| Heath | er Whitworth 719 785-6432 | | | | | |
| | Name of Person Area Code Daytime Telephone Number | | | | | |
| | Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | | |
| Please | ed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE .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:

| import in langua | Exchange, Inc ration: must include the word "INCORPORA age as will clearly indicate that it is a corpora resent. "Company" or "Co." may not be used | ATED" or "CORPORATION" or words or ation instead of a natural person or partners | abbreviation | ns of like contained | d |
|--|--|--|----------------------------|--------------------------------|---------|
| | resent. "Company" or "Co." may not be used | as a corporate suffix by a nonprofit corpor | ration.) | | |
| TRE (If paper upper | nilable in Florida, enter alternate corporate na | and adopted for the aumous of transporting | husinasa in | Elveida | |
| (11 name unava | made in Florida, enter alternate corporate is | and adopted for the purpose of transacting | ousiness in | rioriua) | |
| Colorado | | 3 84-0532684 | | | |
| (State or cour | ntry under the law of which it is incorporated | 3. 84-0532684 (FEI number, if applicable) | | | |
| 1 1964 | | 5 Pepetual | | | |
| (1) | Date of Incorporation) | (Date of duration, if other th | an perpetua | .1) | |
| | | | | | |
| (Date first cond | ucted affairs in Florida if prior to registration. S | See sections 617.1501 & 617.1502, F.S. to de | etermine pen | alty liabili | iţv.) |
| 234 Star Shell | Dr. Apollo Beach, FL 33572 (Principal c | | | | |
| · | (Principal of | office street address) | | | |
| | · | | | | |
| | | | | | |
| | (Current mail) | ing address, if different) | | | |
| | | | | | |
| 3. Non-Profit So | cial Services/Case Management Services - to corporation authorized in home state or coun | be conducted in Colorado by employee re- | motely loca | ted in FL | |
| (Purpose(s) of | corporation authorized in home state or coun | try to be carried out in the state of Florida) | · · | | |
|). Name and str | eet address of Florida registered agent: (I | P.O. Box NOT acceptable) | | | |
| | | | | | |
| | | | . - | | |
| Name | Anjela Peterson | | تن | 202 | |
| Name: | Anjela Peterson 234 Star Shell Dr | | | 2023 ; | |
| Name: Office Address: | Anjela Peterson 234 Star Shell Dr Anollo Beach | 33572 | じ - - | 2023 (***) - | |
| Name: Office Address: | Anjela Peterson 234 Star Shell Dr Apollo Beach (City) | | ゼ - - - | 2023 (***) - 1 | 1- |
| Name: Office Address: | Anjela Peterson 234 Star Shell Dr Apollo Beach (City) | , Florida 33572 (Zip Code) | - - - - | 2023 ji se - Pi | 1- |
| 10. Registered | agent's acceptance: | | | = | 1- r |
| 10. Registered Having been na lesignated in th | | service of process for the above stated cointment as registered agent and agree | corporátion to act in t | === n at The p his oabac | itv. 1 |
| 10. Registered Having been na Jesignated in th | agent's acceptance: med as registered agent and to accept s is application, I hereby accept the appo comply with the provisions of all statut ar with and accept the obligations of my | service of process for the above stated cointment as registered agent and agree | corporátion to act in t | === n at The p his oabac | itv. 1 |

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 Chairman | Name: Deena Hartje | □ Chairman | Name: Daniel Mirer |
|-----------------------|---|--------------------------|--|
| □Vice Chairman | Address: 6385 Corporate Dr, Suite 100 | ■ Vice Chairman | Address: 6385 Corporate Dr. Suite 100 |
| □Director | Colorado Springs. CO 80919 | □Director | Colorado Springs, CO 80919 |
| □President | | □President | |
| □Vice President | | □Vice President | |
| ☐Secretary | ☐ Treasurer | ☐ Secretary | Treasurer |
| □Other: | ☐ Other: | □Other: | □Other: |
| □Chairman | Name: Colleen Batchelor | □Chairman | Name: Heather Whitworth |
| □Vice Chairman | Address: 6385 Corporate Dr., Suite 100 | □ Vice Chairman | Address: 6385 Corporate Dr., Suite 100 |
| □Director | Colorado Springs, CO 80919 | ☐Director | Colorado Springs, CO 80919 |
| □President | | □President | |
| □Vice President | | □Vice President | |
| ☐ Secretary | □Treasurer | □Secretary | □Treasurer |
| ■Other: CEO | Other: | ■Other: | □Other: |
| □Chairman | Name: Lori Huisingh | □ Chairman | Name: |
| □Vice Chairman | Address: 6385 Corporate Dr. Suite !00 | □Vice Chairman | Address: 6385 Corporate Dr, Suite 100 |
| □Director | Colorado Springs, CO 80919 | Director | Colorado Springs, CO 80919 |
| □President | | □President | |
| □Vice President | | □Vice President | |
| ■ Secretary | □Treasurer | □Secretary | □Treasurer |
| □Other: | □ Other: | □Other: | Other: |
| Non-indexed hidi | Viduals may be added to the index when filing y | our Florida Department o | of State Annual Report form. |

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

THE RESOURCE EXCHANGE, INC.

is a

Nonprofit Corporation

formed or registered on 02/05/1964 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 19871171111.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/14/2023 that have been posted, and by documents delivered to this office electronically through 02/16/2023 @ 09:33:41.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 02/16/2023 @ 09:33:41 in accordance with applicable law. This certificate is assigned Confirmation Number 14704205



Secretary of State of the State of Colorado

******************End of Certificate********

Notice: A certificate issued electronically from the Colorado Secretary of State's website is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's website, https://www.coloradosos.gov/biz/CertificateSearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our website, https://www.coloradosos.gov.click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."