

F23000002636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

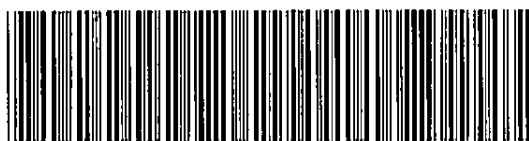
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. ROBERTS

MAY - 5 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CreatureKind, 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:

Aaron Garrett

Name of Person

Nonprofit Legal Services of Utah

Firm/Company

623 E. 2100 S. Suite B1

Address

Salt Lake City, Utah 84106

City/State and Zip Code

aaron@nonprofitlegalservices.com

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

For further information concerning this matter, please call:

Aaron Garrett

Name of Person

at

385

(_____)_____
Area Code

419-4111

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified 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**

*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:*

1. CreatureKind, Inc.

(Name of corporation; must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Oregon

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 01/30/2020

(Date of Incorporation)

5.

Perpetual

(Date of duration, if other than perpetual)

6. January 1, 2023

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 2063 River Reach Dr, Apt 382, Naples, Florida 34104

(Principal office street address)

(Current mailing address, if different)

8. Organized exclusively for charitable, religious, educational and scientific purposes that qualify as exempt under 501(c)(3)
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent; (P.O. Box **NOT** acceptable)

Name: Aline Silva

Office Address: 2063 River Reach Dr, Apt 382

Naples

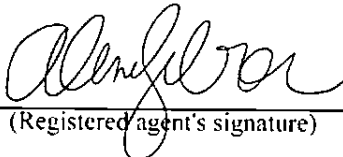
(City)

, Florida 34104

(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

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. DIRECTORS

☐ Chairman Name: David Clough
☐ Vice Chairman Address: 2063 River Reach Dr, Apt 382
☐ Director Naples, Florida 34104
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Co-Chair ☐ Other: _____

☐ Chairman Name: Akisha Townsend Eaton
☐ Vice Chairman Address: 2063 River Reach Dr, Apt 382
☐ Director Naples, Florida 34104
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Co-Chair ☐ Other: _____

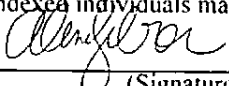
☐ Chairman Name: Aaron Gross
☐ Vice Chairman Address: 2063 River Reach Dr, Apt 382
☒ Director Naples, Florida 34104
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Matthew Halterman
☐ Vice Chairman Address: 2063 River Reach Dr, Apt 382
☒ Director Naples, Florida 34104
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Carlos Malave
☐ Vice Chairman Address: 2063 River Reach Dr, Apt 382
☒ Director Naples, Florida 34104
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Aline Silva
☐ Vice Chairman Address: 2063 River Reach Dr, Apt 382
☒ Director Naples, Florida 34104
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Executive Director ☐ 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. Aline Silva, Executive Director
(Typed or printed name and capacity of person signing application)

CreatureKind, Inc.
Additional Board Member and Officer List

Christopher Carter - Treasurer
2063 River Reach Dr, Apt 382
Naples, Florida 34104

Jeania Ree V. Moore - Director
2063 River Reach Dr, Apt 382
Naples, Florida 34104

Elaine Nogueira-Godsey - Director
2063 River Reach Dr, Apt 382
Naples, Florida 34104

Lois Godfrey Wye - Secretary
2063 River Reach Dr, Apt 382
Naples, Florida 34104

abby mohaupt - Director
2063 River Reach Dr, Apt 382
Naples, Florida 34104

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 1105477

I, *SHEMIA FAGAN, SECRETARY OF STATE and Custodian of the Seal of said State*, do hereby certify:

CREATUREKIND

is

a Nonprofit Corporation

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



*In Testimony Whereof, I have hereunto
set my hand and affixed hereto the
Seal of the State of Oregon.*

A handwritten signature in black ink, appearing to read "Shemia Fagan", is written over a horizontal line.

SHEMIA FAGAN, SECRETARY OF STATE

Issued Date: 4/17/2023



Come visit us on the internet at: <https://sos.oregon.gov/business>
or use the QR code to check their current status.