F23000003481

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

Office Use Only



000402885160

02/22/23--01004--002 **78.75



Toll-Free: 1.888.449.2638



1.805.449.2638

Email: Info@CorpNet.com



www.CorpNet.com



March 16, 2023

Registration Section
Division of Corporations
2415 N. Monroe St., Suite 810
Tallahassee, FL 32303

RE: CORE COMMUNITY ORGANIZED RELIEF EFFORT

To whom it may concern:

The Enclosed Application by Foreign Corporation and Fee(s) are submitted for filing along. Also, please find enclosed a check for state filing fees and a certified copy in the amount of \$78.75 made payable to the FL Dept of State. Please contact me for information needed in regards to this filing at the undersigned.

Thank you in advance and please return all correspondence in regards to this filing using the pre addressed stamped envelope included.

Sincerely,

Amanda J. Beren, Sr. Document Analyst

CorpNet, Incorporated 888-449-2638 Ext. 105 filings@corpnet.com





COVER LETTER

TO:	Registration Section Division of Corporations			
SURI	ECT: CORE COMMUNITY ORGANIZED	RELIEF EFFO	RT CORP	
3003	Name of Corpor	ration – must ir	iclude suffix	· · · · · · · · · · · · · · · · · · ·
Dear S	Sir or Madam:			
Affairs	nclosed "Application by Foreign Not for Proceed in Florida", "Certificate of Existence", or the above referenced not for profit corporate in the above referenced not for profit corporate.	r "Certificate o	f Status'' and ch	neck are submitted to
Please	return all correspondence concerning this	matter to the f	ollowing:	
	Amanda J. Beren			
	Nan	ne of Person		
	Firm	n/Company		
	· · · · · · · · · · · · · · · · · · ·			
	31416 Agoura Rd., Ste. 118			
		Address		
	Westlake Village, CA 91361			
	City/Sta	te and Zip Code	2	
	filings@corpnet.com			
	E-mail address: (to be used f	or future annua	l report notific	ation)
For fu	rther information concerning this matter, p	olease call:		
3 a	oda I. Danus	888	449-2638	
Amanda J. Beren Name of Person		at () Area Code		ephone Number
	Name of Person	riica code		
	MAILING ADDRESS: Registration Section		STREET/COURIER ADDRESS: Registration Section	
	Division of Corporations		Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314		Clifton Build	ing ve Center Circle
	Talialiassee, T.E. 52514		Tallahassee, l	
Enclos	sed is a check for the following amount:			
5 70	0.00 Filing Fee \$\textstyle \textstyle \text		Filing Fee & ed Copy	S87.50 Filing Fee. Certificate of 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:

(II IIIIII IIII	ilable in Florida, enter alternate corporate name adop	ted for the purpose of transacting busine	ess in Florida)
CA	33		
. 1/19/2010	Date of Incorporation) 5,	(Date of duration if other than no	ematual t
(1	vale of fileorporation)	(Date of duration, if other than pe	rpetuar)
(Data first good	ucted affairs in Florida if prior to registration. See section		:
		ns 017.1301 & 017.1302, F.S. to determi	ine penaity tiantity
910 N Hill St.,	Los Angeles, CA90012		
	(Principal office	address)	
	(Current mailing addre	ss, if different)	
	(Current mailing addre	ss, if different)	
Non-Profit for			
Non-Profit for (Purpose(s) of	(Current mailing addre disaster relief corporation authorized in home state or country to be		
	disaster relief corporation authorized in home state or country to be	carried out in the state of Florida)	
		carried out in the state of Florida)	202
Name and str	disaster relief corporation authorized in home state or country to be eet address of Florida registered agent: (P.O. Bo	carried out in the state of Florida)	2023 HJ
Name and str	disaster relief corporation authorized in home state or country to be eet address of Florida registered agent: (P.O. Bo Registered Agents Inc.	carried out in the state of Florida)	2023 HAR 2
Name and str	disaster relief corporation authorized in home state or country to be eet address of Florida registered agent: (P.O. Bo Registered Agents Inc. 7901 4th St N Ste 300	carried out in the state of Florida)	2023 HAR 21
Name and str	disaster relief corporation authorized in home state or country to be eet address of Florida registered agent: (P.O. Bo Registered Agents Inc. 7901 4th St N Ste 300 St. Petersburg	carried out in the state of Florida)	2023 HAR 21 PF
Name and str	disaster relief corporation authorized in home state or country to be eet address of Florida registered agent: (P.O. Bo Registered Agents Inc. 7901 4th St N Ste 300	carried out in the state of Florida)	2023 HAR 21 PH 5
Name and str Name: ffice Address:	disaster relief corporation authorized in home state or country to be eet address of Florida registered agent: (P.O. Bo Registered Agents Inc. 7901 4th St N Ste 300 St. Petersburg (City)	carried out in the state of Florida)	2023 MAR 2.1 PM 5: 4
Name and str Name: ffice Address: 0. Registered	disaster relief corporation authorized in home state or country to be eet address of Florida registered agent: (P.O. Bo Registered Agents Inc. 7901 4th St N Ste 300 St. Petersburg (City) agent's acceptance: amed as registered agent and to accept service of	carried out in the state of Florida) x NOT acceptable) lorida 33702 (Zip Code)	oration at The pl
Name and str Name: ffice Address: 0. Registered aving been na	disaster relief corporation authorized in home state or country to be eet address of Florida registered agent: (P.O. Bo Registered Agents Inc. 7901 4th St N Ste 300 St. Petersburg (City)	carried out in the state of Florida) x NOT acceptable) lorida 33702 (Zip Code) f process for the above stated corporate registered agent and agree to a	oration at The pl ct in this capaci

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. Names and addresses of officers and/or directors

A. DIRECTORS

Chairmar	Sean Penn n:
	910 N Hill, Los Angeles, CA 90012
Vice Cha	Ken Keen
Address:	910 N Hill, Los Angeles, CA 90012
Addiess.	
Director:	Soleil Frye
	910 N Hill. Los Angeles, CA 90012
Director:	Ken Keen
	910 N Hill, Los Angeles, CA 90012
B. OFI	FICERS
President	, Ann Lee
	910 N Hill, Los Angeles, CA 90012
·	
Vice Pres	Jerome Lebleu sident:
	910 N Hill, Los Angeles, CA 90012
Secretary	Alyson Tufts
Address:	910 N Hill, Los Angeles, CA 90012
Treasure	Jill Bennett
Address:	910 N Hill, Los Angeles, CA 90012
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
Jero	(Signature of Chairman, vice Chairman, or any officer listed in number 12 of the application) ome Lebleu, Vice President
14.	(Typed or printed name and capacity of person signing application)

Attachment to Application by Foreign Not For Profit Corporation For Authorization To Conduct Its Affairs in Florida For

CORE COMMUNITY ORGANIZED RELIEF EFFORT CORP Additional Directors

Name/Title:	Address:
Bryan Lourd	910 N Hill, Los Angeles, CA 90012
Fernando Sulichin	910 N Hill, Los Angeles, CA 90012
Sean Penn	910 N Hill, Los Angeles, CA 90012
Patricia Velasquez	910 N Hill, Los Angeles, CA 90012
Greg Milne	910 N Hill, Los Angeles, CA 90012



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: CORE COMMUNITY ORGANIZED RELIEF EFFORT

Entity No.: 3268670 **Registration Date:** 01/19/2010

Entity Type: Nonprofit Corporation - CA - Public Benefit

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 17, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 083478638

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: CORE COMMUNITY ORGANIZED RELIEF EFFORT

Entity No.: 3268670 **Registration Date**: 01/19/2010

Entity Type: Nonprofit Corporation - CA - Public Benefit

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of February 17, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 083478638

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.