

F23000003774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

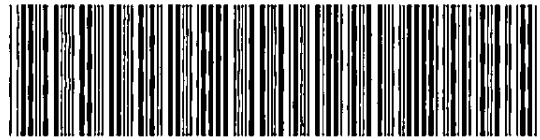
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SECRETARY OF STATE
TALLAHASSEE, FL

CP

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OHANA TECHNOLOGY FOUNDATION 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:

JULIAN DUCHEINE

Name of Person

OHANA TECHNOLOGY FOUNDATION INC

Firm/Company

8055 WINDROSE AVE. #4435

Address

PLANO, TX 75024

City/State and Zip Code

JULIANDUCHEINE@GMAIL.COM

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

For further information concerning this matter, please call:

JULIAN DUCHEINE

Name of Person

at (610) 564 2423
Area Code 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. OHANA TECHNOLOGY FOUNDATION INCORPORATED

(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. WYOMING

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

3.

(FEI number, if applicable)

4. JULY 23 2020

(Date of Incorporation)

5.

(Date of duration, if other than perpetual)

6.

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

7. 140 NE 159TH ST, MIAMI, FL 33162

(Principal office street address)

3025 Dumas Court, Flower Mound TX 75022

(Current mailing address, if different)

8. Educating youth and underserved communities in innovative technologies and health and wellness.
(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:

Julian Ducheine

Office Address:

140 NE 159th St

Miami

(City)

Florida

33162

(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.

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2023 MAY -2 PM 4:35
STATE DEPT OF
TALLAHASSEE

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: JULIAN DUCHEINE
☐ Vice Chairman Address: 8055 WINDROSE AVE. #4435
☐ Director PLANO, TX 75024
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Nathalia Montano
☒ Vice Chairman Address: 14715 Winbridger
☐ Director Frisco, Texas
☐ President 75035
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ 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. Julian Duchaine Nathalia Montano
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Julian Duchaine Nathalia Montano
(Typed or printed name and capacity of person signing application)

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

Ohana Technology Foundation Inc

is a

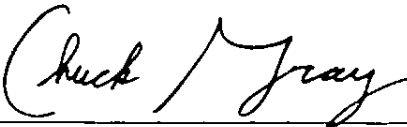
Nonprofit Corporation

formed or qualified under the laws of Wyoming did on **July 23, 2020**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2020-000932135**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 19th day of April, 2023 at 1:21 PM. This certificate is assigned ID Number 060214824.





Secretary of State