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DATE: 07/17/23

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- **NAME:** THE FOUNDATION UNITED, INC.
- **TYPE OF FILING:** APPLICATION
- COST: 70.00

**RETURN:** PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

1

#### 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:

The Foundation United, 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.)

Illinois		3. 83-0572687 is incorporated) (FEI number, if applicable)		
(State or cou	intry under the law of which it is incorporated)	(FEI number, if applicabl	le)	
04/23/2018		5		·
(	Date of Incorporation)	5(Date of duration, if other than perpetual)		
(Date first con	ducted affairs in Florida if prior to registration. So	e sections 617,1501 & 617,1502, F.S. to det	ermine penali	ty hability.
320 S. Canal	St., Suite 3300, Chicago, IL 60606			
·	(Principal of	fice street address)		
D () D 557	6 Samuata El 24277			
P.O. Box 557	6. Sarasota, FL 34277 (Current mailin	g address, if different)		
		-		
To aid victim	s of human trafficking			5
(Purpose(s) of	s of human trafficking corporation authorized in home state or counti	ry to be carried out in the state of Florida)		3
				=
. Name and <u>st</u>	reet address of Florida registered agent: (P	.0. Box <u>NOT</u> acceptable)		: ≓≥
	Kevin Miska			_ me
Name:				
office Address	100 Wallace Avenue, Suite 255		-97 7	<b>.</b> 4
	Sarasota	Florida 34237		2
	(City)	(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.



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	Lynn Cumming		Ruthie Lefebvre			
□Chairman	Name: Address:	Chainnan	Name: Address:P.O. Box 5576			
⊡Vice Chai⊓nan		□Vice Chairman				
Director	Sarasota, FL 34277	Director	Sarasota, FL 34277			
President		President				
□Vice President		□Vice President				
Secretary	Treasurer	■Secretary	Treasurer			
□Other:	Other:	Other:				
□Chairman	Jeff Rech Name:	□ Chairman	Name: Frederick A. Feller			
□Vice Chainnan	Address: P.O. Box 5576	□Vice Chairman	Address: P.O. Box 5576			
Director	Sarasota, FL 34277	Director	Sarasota, FL 34277			
President		President				
□Vice President		□Vice President				
	Treasurer	Secretary	Treasurer			
[]Other:	Other:	□Other:	Other:			
□Chairman	Elizabeth Good Name:	□Chairman	Name:			
	P.O. Box 5576		Address:			
□Vice Chairman	Address: Sarasota, FL 34277		Aug (5).			
			II S BOLD STRUCT I II S CEBUNY			
Uvice President		□Vice President				
	Treasurer					
EOther:	Other	□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 thing your Florida Department of State Annual Report form.						

Elizabeth Good, CEO 14.

(Typed or printed name and capacity of person signing application)



# To all to whom these Presents Shall Come, Greeting:

*I*, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

## Department of Business Services. I certify that

THE FOUNDATION UNITED, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON APRIL 23, 2018, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



## In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal ofthe State of Illinois, this12THday ofJULYA.D.2023

Authentication #: 2319303342 verifiable until 07/12/2024 Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE