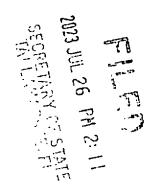
## F23000004448

(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:					



300411500843

07/05/23--01035--010 \*\*78.75



Office Use Only

W23-98421



July 18, 2023

SHAVONNE Y. RICH 9017 ALLENWOOD RD. RANDALSTOWN, MD 21133 US

SUBJECT: FOUNDATION OF ESSENTIAL EDUCATION AND LEADERSHIP

(F.E.E.L) INC.

Ref. Number: W23000098421

We have received your document for FOUNDATION OF ESSENTIAL EDUCATION AND LEADERSHIP (F.E.E.L) INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The purpose of your corporation to be considered a not for profit must be explained and meet the Florida requirements.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 923A00015983

Ariel Jones Regulatory Specialist II

## **COVER LETTER**

TO:	istration Section ision of Corporations					
CHDI	JECT: Foundation of Essential Education and Leadership (F.E.E.L) Inc.					
SOB	Name of Corporation – must include suffix					
Dear S	Sir or Madam:					
Affair	nclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its s in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to er the above referenced not for profit corporation to conduct its affairs in Florida.					
Please	return all correspondence concerning this matter to the following:					
	Shavonne Y. Rich					
	Name of Person					
	Foundation of Essential Education and Leadership (F,E.E.L) Inc.					
	Firm/Company					
	9017 Allenwood Rd.					
	Address					
	Randalstown Md. 21133					
	City/State and Zip Code					
	shavonnerichlmhc@gmail.com					
	E-mail address: (to be used for future annual report notification)					
For fu	rther information concerning this matter, please call:					
Shave	onne Y. Rich 813 943-5271 at ( )					
	Name of Person Area Code Daytime Telephone Number					
	Mailing Address: Street Address:					
	Registration Section Registration Section					
	Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee					
	Tallahassee, FL 32314  Tallahassee, FL 32303  Tallahassee, FL 32303					
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE  0.00 Filing Fee State					
ட \$/(	0.00 Filing Fee \$\Bigs\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$					

## 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:

(Name of corr	of Essential Education and Le poration: must include the wor guage as will clearly indicate the	rd "INCORPORATED" or "CORPORATION" or words or ab	breviations of like
in the name at	present. "Company" or "Co."	nat it is a corporation instead of a natural person or partnership may not be used as a corporate suffix by a nonprofit corporat	ion.)
(If name una	vailable in Florida, enter altern	nate corporate name adopted for the purpose of transacting but	siness in Florida)
- Maryland		46.130000=	•
(State or co	untry under the law of which i	3. 48-1299337 it is incorporated) (FEI number, if applicable)	
4. February, 200	03	20 years	,
(	(Date of Incorporation)	5. 20 years (Date of duration, if other than	perpetual)
6.			, ,
(Date first con	ducted affairs in Florida if prior	to registration. See sections 617.1501 & 617.1502, F.S. to deter	mine penalty liability
	ood Rd. Randallstown Md. 211		, , , , , , , , , , , , , , , , , , , ,
·· —-		(Principal office street address)	<del></del>
		,	SE DE
		(Current mailing address, if different)	الما الما الما الما الما الما الما الما
			THE N
o To Provide ch	naritable education and learnin	ng provisions as avenues for influencing and promoting high-le	
(Purpose(s) of	corporation authorized in hon	ne state or country to be carried out in the state of Florida)	evel wellness
			10 3
9. Name and str	reet address of Florida regis	stered agent: (P.O. Box NOT acceptable)	電る
Name:	Shavonne Y. Rich		<u></u>
Office Address.	13575 58th Street N. Suite 3	31	
Office Address:	Clearwater		
	(City)	, Florida 33760 (Zip Code)	
	(City)	(Zip Code)	
10. Registered	l agent's acceptance:		
designated in th	imed as registered agent an its application. I hereby acc	nd to accept service of process for the above stated corp cept the appointment as registered agent and agree to a	oration at the place
			ct in this capacity. I formance of my duties,
ana r um jumus	ur wun ana uccepi the polis	gations of my position as registered agent.	<b>J J</b>
		S. 1/1	
	Hu	-/ th	
		(Registered agent's signature)	<del></del>
11. Attached is the Departm	a certificate of existence du	ally 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	A. DIRECTORS						
Chairman	Shavonne Y. Rich	□ Chairman	Fatimah Farrad Name:				
□Vice Chairman	Address: 2769 5th Court	□Vice Chairman	Address:				
□Director	Palm Harbor Florida 34684	Director	Clearwater Florida 33756				
□President		□President					
□Vice President		□ Vice President					
□Secretary	Treasurer	☐ Secretary	Treasurer				
Other:	Other:	□Other:	Other:				
□ Chairman	Norman Patterson	□Chairman	Name:				
□Vice Chairman	9017 Allenwood Rd Address:	□Vice Chairman	Address:				
■Director	Randalstown Md 21133	□Director					
□President		□President					
□Vice President		□Vice President	<u> </u>				
□Secretary	□Treasurer	□Secretary	□Treasurer				
Other:	Other:	□Other:	Other:				
□ Chairman	Name:	□Chai <del>rm</del> an	Name:				
	Address:		Address:				
Director	Addiess.	□ Director					
□President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary	□Treasurer				
☐Other:	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 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.   (Typed or printed name and capacity of person signing application)							

## STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

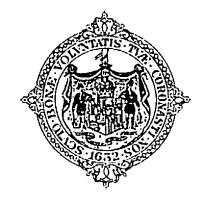
I FURTHER CERTIFY THAT FOUNDATION OF ESSENTIAL EDUCATION AND LEADERSHIP (F.E.E.L) INC. (D07236813), INCORPORATED FEBRUARY 26, 2003, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING

LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JUNE 28, 2023.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

Online Certificate Authentication Code: IUoCWZUH3kWBwaB0LxWbkg To verify the Authentication Code, visit http://dat.maryland.gov/verify