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## **COVER LETTER**

_	ration Section on of Corporations			
SUBJECT:_	FI WE CHILDIC Name of Corporation	EN FOUNDAT	ion inc.	
Dear Sir or Ma	dam:			
Affairs in Flori	Application by Foreign Not for Profit ida", "Certificate of Existence", or "Copye referenced not for profit corporation	ertificate of Status" and che	ck are submitted to	
Please return a	Il correspondence concerning this mat	ter to the following:		
	AFRICKA ST	ETHENS		
	Name of	Person		
	FI WE CHILDE	EN FOLHOFT	ion inc.	
	32 Dooge	STREET		
	BLOCK ISLA	1D		
	NEW SHOREHAM, City/State af  bresident-fucf ( E-mail address: (to be used for fi	RHODE IRANC d Zip Code		
<b>r</b> 6 3 : 6				
APRICK		401 ) 212 - 1	phone Number	
Regist Divisi P.O. B	ration Section on of Corporations Box 6327 assec. FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	heck for the following amount: ck payable to: FLORIDA DEPARTMET ag Fee	NT OF STATE □ \$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:

F1	k1E	CHILOREN ude the word "INCOR	J FOUNC	ATT ON	INCORPOR	(ATED
import in languag	ze as will clearl	ude the word "INCOR ly indicate that it is a cony ny" or "Co." may not b	orporation instead	of a natural per	son or partnership if r	not so contained
(If name unavai	lable in Florida	, enter alternate corpor	rate name adopted	for the purpose	of transacting busine	ss in Florida)
JAN	MICA	w of which it is incorp	3		V/A	
(State or count	ry under the las	w of which it is incorp	orated)	(FEI num	ber, if applicable)	
DEG	SHIBER	ation)	<b>&gt;</b> 5.			
(Da	ite of Incorpora	ition)		(Date of dura	tion, if other than perp	petual)
2010	<b>L</b>					
(Date first conduc	cted affairs in Fl	lorida if prior to registra	ition. See sections of	517.1501 & 617.	1502, F.S. to determin	e penalty liability.)
_						
<u>a</u> _	CASTK	IES DIEIUE	-, KINGST	on CE	D, KINGSTO	N, man
		(Princ	cipal office street	address)	•	•
<del></del>						
<del></del> ·		Current	mailing address,	( different)		
		(Caren	maning address,	ii dinerent)		
		Florida registered age  Florid				
Name: _	CONS	TANCE	ANLAYSO	<u> </u>		
Office Address:	2521	SW , 143	ord Ave	OCAL	A	~ P
-			E1	., J.4		
_		(Civ)	, Flor	ida <u>5 7</u>	in Code)	PA F:
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esignatea in ini: urther agree to c	ned as registe s application, comply with th	red agent and to acc I hereby accept the he provisions of all s cept the obligations	cept service of pi appointment as statutes relative of my position a	rocess for the oregistered age to the proper of the proper	above stated corpor int and agree to act and complete perfoi	ration at the place in this canacity. I

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	RS		
E Chairman	Name: APRICKA STEPHENS	□Chairman	Name: JOSHUA CLARK
□Vice Chairman	Address: 327 HARTFIELD NORTH	□Vice Chairman	Address: 20 MKK AVENUE
□Director	HALAMOON PO	□Director	RED HILLS
□President	Konshoke	□President	Montego Bay
□Vice President	St. James, Janaica	□Vice President	ST. JAMES, JAMAICA
□Secretary	□Treasurer	☐ Secretary	☐Treasurer
Other:	☐ Other:	ZOther:	
□Chairman	Name: SANDRÉ RHODEN	□Chairman	Name: JOHEAN GRIFFITHS
□Vice Chairman	Address: BLOCK G, UNIT 7	□Vice Chairman	Address: 80 LOGHOOD AVENUE
Director	KINGSTON CED	□Director	BLACK RIVER P.O
□President	DENHAM TOUN	□President	ST. EUZABETH
□Vice President	KINGSTON 14, JAMANCA	□Vice President	JAMICA
□Secretary	Treasurer	☐ Secretary	□Treasurer
□Other:	Other:	ADMINI ZOther:	Other
□ Chairman	Name: JANEIL JAHES	□Chairman	Name:
□Vice Chairman	Address: BARRETT TOWN	□Vice Chairman	Address:
□Director	ROSE HALL PO	□Director	
□President	ST. JAMES	□President	
□Vice President	JAMAICA	□Vice President	
Secretary	□Treasurer	☐ Secretary	□Treasurer
ØOther: <u>Of</u>	ncer □ Other:	Other:	Other:
	Notice: Use an attachment to report more than viduals may be added to the index when filing you stand the control of Chairman, Vice Chairman, or any AFRICKA STEPH	officer listed in number	f State Annual Report form.
• • •	(Typed or printed name and capacity of		on)





Companies Office of Jamaica 1 Grenada Way Kingston 5 Jamaica W I

Tel: (878) 908.4419-2

ax: (876) 908.4425 / (876) 980.715

Web: http://www.orcjamalca.c Emell: info@orclamalca.com

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College of James as an Empelois Assesse of the Ministry of Indicates Assessed and Communication



07 July 2023

Company No. 106647

TO WHOM IT MAY CONCERN

RE: FI WE CHILDREN FOUNDATION LIMITED

The above-captioned company was incorporated under the Companies Act of Jamaica on the 21 December 2020.

Having complied with all the statutory requirements, it is in good standing and still appears on our Register.

This letter is valid until the 18th day of January 2024.

Yours sincerely,

MOREEN PAGE

For Registrar of Companies