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(Requestor's Name)				
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PICK-UP	WAIT	MAIL		
(Bı	usiness Entity Name)			
(De	ocument Number)			
Certified Copies	_ Certificates of	Status		
Special Instructions to Filing Officer.				

Office Use Only



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2023 SEP -6 PM 4: 52 SECRETARY OF STATE

W23 - 104040

July 31, 2023

CYNTHIA I. GRANDIN 3228 PLYMOUTH SORRENTO RD. APOPKA, FL 32712 US

SUBJECT: MISSION WE HARMONY, INC.

Ref. Number: W23000104040

We have received your document for MISSION WE HARMONY, INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

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

Ariel Jones Regulatory Specialist II

www.sunbiz.org

D O DOM 000 T II 1 000 1

Letter Number: 323A00017180

COVER LETTER

TO:	Registration Section Division of Corporations					
SHRI	JECT: Mission We Harmony, Inc.					
3000	Name of Corporation – must include suffix					
Dear S	Sir or Madam:					
Affairs	nclosed "Application by Foreign Not for Profit Corporation for Authorization to Condurs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitter the above referenced not for profit corporation to conduct its affairs in Florida.					
Please	e return all correspondence concerning this matter to the following:					
	Cynthia I. Grandin					
	Name of Person					
	Mission We Harmony, Inc.					
	Firm/Company					
	3228 Plymouth Sorrento Rd.					
	Address					
	Apopka, FL 32712					
	City/State and Zip Code					
	missionweharmony@gmail.com					
	E-mail address: (to be used for future annual report notification)					
For fu	irther information concerning this matter, please call:					
Cynth	hia I. Grandin 619 987-1573					
	Name of Person at () Area Code Daytime Telephone Numb	er				
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 816Tallahassee, FL 32303	Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
Please	• •	iling Fee, ate of Status & d 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:

California (State or country una 11/09/2016 (Date of N/A) (Date first conducted at 3228 Plymouth Sorres	n Florida, enter alternate corporation) fairs in Florida if prior to registrato Rd., Apopka, FL 32712 (Printo Rd., Apopka, FL 32712	RPORATED" or "CORPORATION" or words or abbreviations of like corporation instead of a natural person or partnership if not so contained be used as a corporate suffix by a nonprofit corporation.) prate name adopted for the purpose of transacting business in Florida) 3. 814409361 porated) (FEI number, if applicable) 5. Perpetual (Date of duration, if other than perpetual) ration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.) recipal office street address)
California (State or country und 11/09/2016 (Date of N/A) (Date first conducted at 3228 Plymouth Sorres)	der the law of which it is incorporation) Tairs in Florida if prior to registrato Rd., Apopka, FL 32712 (Printo Rd., Apopka, FL 32712	3. 814409361 porated) (FEI number, if applicable) 5. Perpetual (Date of duration, if other than perpetual) ration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
California (State or country und 11/09/2016) (Date of N/A) (Date first conducted and 3228 Plymouth Sorres)	der the law of which it is incorporation) Tairs in Florida if prior to registrato Rd., Apopka, FL 32712 (Printo Rd., Apopka, FL 32712	3. 814409361 porated) (FEI number, if applicable) 5. Perpetual (Date of duration, if other than perpetual) ration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
(State or country un 11/09/2016 (Date of N/A (Date first conducted a 3228 Plymouth Sorrer	fairs in Florida if prior to registr tto Rd., Apopka, FL 32712 (Printo Rd., Apopka, FL 32712	5. Perpetual (Date of duration, if other than perpetual) ration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
(Date of N/A) (Date first conducted a: 3228 Plymouth Sorres	fairs in Florida if prior to registr tto Rd., Apopka, FL 32712 (Printo Rd., Apopka, FL 32712	5. Perpetual (Date of duration, if other than perpetual) ration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
N/A (Date first conducted a: 3228 Plymouth Sorrer	fairs in Florida if prior to registr tto Rd., Apopka, FL 32712 (Printo Rd., Apopka, FL 32712	5. Perpetual (Date of duration, if other than perpetual) ration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
(Date of N/A) (Date first conducted a 3228 Plymouth Sorrer	fairs in Florida if prior to registr ito Rd., Apopka, FL 32712 (Prii to Rd., Apopka, FL 32712	ration. See sections 617.1501 & 617.1502, F.S, to determine penalty liability.)
(Date first conducted a 3228 Plymouth Sorrer	ito Rd., Apopka, FL 32712 (Prii to Rd., Apopka, FL 32712	
(Date first conducted a 3228 Plymouth Sorrer	ito Rd., Apopka, FL 32712 (Prii to Rd., Apopka, FL 32712	
	(Prii to Rd., Apopka, FL 32712	ncipal office <u>street</u> address)
3228 Plymouth Sorrer	to Rd., Apopka, FL 32712	ocipal office street address)
3228 Plymouth Sorrer		
3228 Plymouth Sorrer		
		it mailing address, if different)
	(Curen	a maning address, in different)
Public Benefit Corpor	ation, Provide Relief for Haiti,	Life Skills for the Local and International Community in Florida or country to be carried out in the state of Florida)
(Purpose(s) of corpora	tion authorized in home state c	or country to be carried out in the state of Florida)
Name and street add	ress of Florida registered ag	gent: (P.O. Box NOT acceptable) Florida [Zip Code]
Consti	1.0 1	
Name: Cynthi	a I. Orangin	
fice Address: 32281	lymouth Sorrento Rd.	
Apopk	a	Florida 32712
	(City)	(Zip Code)
0. Registered agent	's acceptance:	
iving been namea a signated in this ann	s registered agent and to ac lication. Thereby accept the	scept service of process for the above stated corporation at the place appointment as registered agent and agree to act in this capacity.
rther agree to comp	'v with the provisions of all	statutes relative to the proper and complete performance of my du
d I am familiar with	and accept the obligations	s of my position as registered agent.
		2
	agent	egistered 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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors (up to six (6) total):

A. DIRECTOF □Chairman	RS Name: Cynthia I. Grandin	□Chairman	Daniel Grandin Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
□Director	Orlando, FL 32832	□Director	Orlando, FL 32832			
■President		□President				
□Vice President		■Vice President				
□Secretary	□Treasurer	□ Secretary	□Treasurer			
□Cther:	☐ Other:	□Other:				
□Chairman	Name: Cynthia Yuhasz-Roderick	□Chairman	Name: Thomas L. Roderick			
□Vice Chairman	Address: 3228 Plymouth Sorrento Rd.	□Vice Chairman	Address: 3228 Plymouth Sorrento Rd.			
□Director	Apopka, FL 32712	□Director	Apopka, FL 32712			
□President		□President				
□Vice President		□Vice President				
■ Secretary	□Treasurer	☐ Secretary	■Treasurer			
□Other.	Other:	□Other:				
□Chairman	Jules Dimanche Name:	□Chairman	Name:			
□Vice Chairman	Address: 1621 37th St.	□Vice Chairman	Address:			
□Director	Orlando, FL 32712	□Director				
□President		□President				
□Vice President		□Vice President				
☐Secretary	□Treasurer	☐ Secretary	□Treasurer			
☐Other: Marketin	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 tisted in number 12 of the application) 14. (Typed or printed name and capacity of person signing application)						



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

Entity Name:

MISSION WE HARMONY, INC.

Entity No.:

3960824

Registration Date:

11/09/2016

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 June 14, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 119624732

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.