

10/2/23, 9:44 AM

Division of Corporations

Florida Department of State  
Division of Corporations  
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**FOREIGN PROFIT/NONPROFIT CORPORATION**  
**POLIDORE FOUNDATION Corporation**

Certificate of Status	0
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# 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. POLIDORE FOUNDATION Corporation

(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. DELAWARE

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

3.

(FEI number, if applicable)

4. APRIL 25TH, 2023

(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. 2101 BRICKEL AVENUE UNIT 1103, MIAMI, FLORIDA, 33129

(Principal office street address)

(Current mailing address, if different)

8. PROMOTE UNDERSTANDING, AND THE IMPORTANCE OF THE RULE OF LAW IN THE US

(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: C.T. Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

Florida

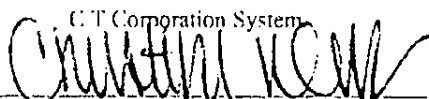
33324

(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.

By



(Registered agent's signature)

Christine Kelm  
Assistant Secretary

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. DIRECTORS

☐ Chairman Name: MARCELA CELORIO  
☐ Vice Chairman Address: 2101 BRICKELL AVE  
☐ Director UNIT 1103  
☒ President MIAMI, FL  
☐ Vice President 33129  
☐ Secretary ☐ Treasurer  
☐ Other:                      ☐ Other:                     

☐ Chairman Name: ALEJANDRA PALACIOS  
☐ Vice Chairman Address: 2101 BRICKELL AVE  
☐ Director UNIT 1103  
☐ President MIAMI, FL  
☒ Vice President 33129  
☐ Secretary ☐ Treasurer  
☐ Other:                      ☐ Other:                     


☐ Chairman Name: JAMES E. RITCH  
☐ Vice Chairman Address: 2101 BRICKELL AVE  
☐ Director UNIT 1103  
☐ President MIAMI, FL  
☐ Vice President 33129  
☒ Secretary ☐ Treasurer  
☐ Other:                      ☐ Other:                     

☐ Chairman Name: ALBIN TREIN  
☐ Vice Chairman Address: 2101 BRICKELL AVE  
☐ Director UNIT 1103  
☐ President MIAMI, FL  
☐ Vice President 33129  
☐ 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.   
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. MARCELA CELORIO, President  
 (Typed or printed name and capacity of person signing application)

# Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "POLIDORE FOUNDATION" IS DULY  
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD  
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS  
OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D.  
2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES  
HAVE BEEN ASSESSED TO DATE.



7426639 8300N

SR# 20233566268

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 204229990

Date: 09-25-23