F23000005704

(Requestor's Name)
	Address)
(Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies	Certificates of Status
	Solumbares of Grands
Special Instructions to F	Filing Officer.

Office Use Only



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K. Brumbley

CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

WALK IN

		PICE	K UP:	BROOK 10/4			
		CERTIFIED COPY					
X	XX	РНОТОСОРУ					
		GS		<u> </u>			
X	X	FILING	_FOI	REIGN INC		-	
1.	_	RESOURCE MEDIA					
		(CORPORATE NAME AND DOC	UMENT #)	-	<u> </u>		
2.							
	-	(CORPORATE NAME AND DOCI	UMENT #)				
3.							
	_	(CORPORATE NAME AND DOCT	UMENT #)				
4.							
••	-	(CORPORATE NAME AND DOCU	UMENT #)	-			
5.							
J.	-	(CORPORATE NAME AND DOCU	JMENT #)				
6.	-	(CORPORATE NAME AND DOCU	JMENT #)		-		
SPECI INSTR		ETIONS:					

COVER LETTER

TO:	Registration S Division of C			
SHRJ	IFCT: RESOUR	CE MEDIA, A NONPROFIT	CORPORATION	
5010		Name of Corporat	ion – must include suffix	
Dear S	Sir or Madam;			
Affair	s in Florida", "C	tion by Foreign Not for Profestificate of Existence", or "tenced not for profit corpora	Certificate of Status" and c	heck are submitted to
Please	return all corres	pondence concerning this m	atter to the following:	
	Registe	red Agent Solutions, Inc.		
		Name	of Person	
	RESOL	JRCE MEDIA, A NONPROFI	I CORPORATION	
		Firm/0	Сотрапу	
	Corpora	ate Center 5301 Southwest Park	tway, Suite 400	
		Ad	ldress	
	Austin,	TX 78735		
		City/State a	and Zip Code	
	kareli@r	resource-media.org		
	E-r	nail address: (to be used for	future annual report notific	cation)
For fur	ther information	concerning this matter, plea	se call:	
	Mama	of Person at (()	
			Area Code Daytime To	elephone Number
	Mailing Address Registration Se		Street Address: Registration Section	,
	Division of Corporations Division of Corporations			
	P.O. Box 6327 The Centre of Tallahassee			
	rananassee, F	L 32314	2415 N. Monroe St Tallahassee, FL 323	
Enclose	ed is a check for	the following amount:		
	nake check payabl 00 Filing Fee	e to: FLORIDA DEPARTME		
. 10.	oo i iiiik lee	□\$78.75 Filing Fee & Certificate of Status	□\$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:

	DEC AS WITH CREATIV INCHESTE INSI	INCORPORATED" or "CORPORATION" or words or a it is a corporation instead of a natural person or partnersh by not be used as a corporate suffix by a nonprofit corporate.	البيانا والمساوي بمور فيمسا فالمواف
(If name unava	ilable in Florida, enter alternate	e corporate name adopted for the purpose of transacting b	usiness in Florida)
Washington		3:82-0564961	
(State or cour 9-12-2002	itry under the law of which it is	(FEI number, if applicable)	e)
(D	ate of Incorporation)	5 5 (Date of duration, if other that	n perpetual)
(Date first condi	icted affairs in Florida if prior to	registration. See sections 617.1501 & 617.1502, F.S. to deta	armina nanaha liakilia. N
	r. #59115, Beaverton, OR 9700		ытоне ренину напшу,)
		(Principal office street address)	
Purpose(s) of c Name and <u>stre</u> Name:			2023 OCT - 5 PM 6:
	· 	, Florida ³²³⁰⁸	_ 21 _
_	(City)	, Florida (Zip Code)	-
	agent's acceptance:		

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. DIRECTO	RS			
□Chairman	Name:	□Chairman	Name: Rachel Dearborn 9450 Gemini Dr. #59115 Address:	
□Vice Chairman	9450 Gemini Dr. #59115 Address:	□Vice Chairman		
□Director	Beaverton, OR 97008-7105	Director	Beaverton, OR 97008-7105	
□President		□President		
□Vice President		□Vice President		
☐Secretary:	■ Treasurer	■ Secretary	□Treasurer	
Officer Other:	Other:	■Other:	□Other:	
□Chairman	Name:	■ Chairman	Jose Gonzalez Name:	
□Vice Chairman	9450 Gemini Dr. #59115	□Vice Chairman	9450 Gemini Dr. #59115	
□Director	Beaverton, OR 97008-7105		Address: Beaverton, OR 97008-7105	
□President		☐ President		
■Vice President		□Vice President		
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer	
■Other: Officer	□ Other:	□Other:	□Other:	
□Chairman	Name:Elizabeth Lunney	□Chairman	Name:	
■Vice Chairman	9450 Gemini Dr. #59115		9450 Gemini Dr. #59115 Address:	
■Director	Beaverton, OR 97008-7105	Director	Beaverton, OR 97008-7105	
□President		President		
□Vice President		□ Vice President		
□Secretary	□Treasurer	☐ Secretary	□Treasurer	
□Other:	Other:	■Other: Officer	□Other:	
NOTE: Important Non-indexed indiv	t Notice: Use an attachment to report more than iduals may be added to the index when filing y	n six (6). The attachment woor Florida Department of	fill be imaged for reporting purposes only. State Annual Report form.	
	(Signature of Chairman, Vice Chairman, or an o Vice Chairman, Or an			
••	(Typed or printed name and capacity of	of person signing application	on)	

Decimant Set 755512 CHICAD MUSTOT NO.

RESOURCE MEDIA, A NONPROFIT CORPORATION

12. (A) Additional Directors

Name	Title	Address
Annette Rizzo	Vice Chairman, Director, Signer	9450 Gemini Dr. #59115, Beaverton, OR 97008-7105
Keonna Jackson	Director of Operations	9450 Gemini Dr. #59115, Beaverton, OR 97008-7105



Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

RESOURCE MEDIA, A NONPROFIT CORPORATION

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 09/12/2002.

1 FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 09/28/2023 UBI Number: 602 234 374

STATE ON WASHING

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

te R Hobbe

Steve R. Hobbs, Secretary of State

Date Issued: 09/28/2023