

F23000006232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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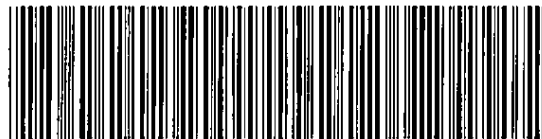
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 2, 2023

AMY HENDERSHOT
350 S MIAMI UNIT 3913
MIAMI, FL 33130 US

SUBJECT: FAIRPLAY, INC
Ref. Number: W23000134006

We have received your document for FAIRPLAY, INC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The alternate name selected for your corporation is not available in Florida. Please select a new alternate name that contains "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp." You may make the corrections to the alternate name in the space provided in number one of the application.

Elaborate on the purpose in section eight (8).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS
Regulatory Specialist III

Letter Number: 223A00022683

RECEIVED

RECEIVED

NOV 01 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fairplay, Inc

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Amy Hendershot

Name of Person

Fairplay, Inc

Firm/Company

350 S Miami Unit 3913

Address

Miami, Florida 33130

City/State and Zip Code

info@fairplayforkids.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Hendershot

Name of Person

at (773)
Area Code

5542532
Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☒ \$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:

1. FAIRPLAY, INC.

(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.)

FAIRPLAY FOR KIDS, **INC**

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MASSACHUSETTS 3. 27-1790210
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/27/2010 5. _____
(Date of Incorporation) (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. 89 SOUTH STREET, STE 403 BOSTON MA 02111
(Principal office street address)

(Current mailing address, if different)

8. NONPROFIT ORGANIZATION - YOUTH SERVICES - **ADVOCACY + COALITION BUILDING TO ADVANCE CHILDREN'S SAFETY ONLINE**
(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)

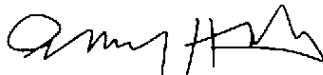
Name: AMY HENDERSHOT

Office Address: 350 S MIAMI AVE #3913

MIAMI, Florida 33130
(City) (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.



(Registered 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. DIRECTORS

☐ Chairman Name: ANGELA CAMPBELL
☐ Vice Chairman Address: 6804 MILLWOOD ROAD
☐ Director BETHESDA
☒ President MD 20817 USA
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: JONATHAN SPACK
☐ Vice Chairman Address: 68 GARNET RD
☐ Director WEST ROXBURY
☐ President MA 02132 US
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: DANIELLE ORISTIAN YORK
☐ Vice Chairman Address: 376 N MAIN STREET
☐ Director COHASSET
☐ President MA 02025 USA
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: CLERK ☐ Other: _____

☐ Chairman Name: CRISCILLIA BENFORD
☐ Vice Chairman Address: 380 4TH STREET MONTARA
☐ Director CA 94037 USA
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: JOSHUA GOLIN
☐ Vice Chairman Address: 89 SOUTH ST, STE 403
☒ Director BOSTON
☐ President MA 02111 USA
☐ 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. Joshua Golin
Joshua Golin (Sep 12, 2023 14:32 EDT)
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JOSHUA GOLIN DIRECTOR
(Typed or printed name and capacity of person signing application)



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts
Secretary of the Commonwealth
State House, Boston, Massachusetts 02133

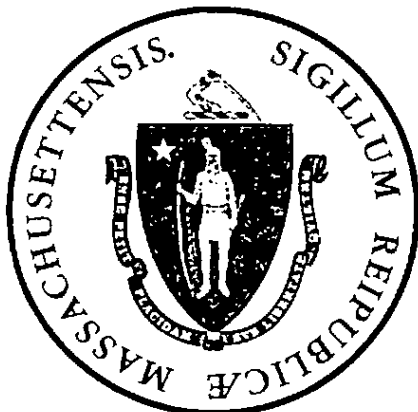
Date: September 13, 2023

To Whom It May Concern :

I hereby certify that according to the records of this office,
FAIRPLAY, INC.

is a domestic corporation organized on **January 27, 2010**

I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 180 section 26 A, for revocation of the charter of said corporation; that the State Secretary has not received notice of dissolution of the corporation pursuant to Massachusetts General Laws, Chapter 180, Section 11, 11A, or 11B; that said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



In testimony of which,
I have hereunto affixed the
Great Seal of the Commonwealth
on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 23090184720

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: bod