F23000066283

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	MAIL MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



500418156925

10/31/23--01034--003 **70.00

2023 OCT 31 PH 7: 32

COVER LETTER

TO:	_	gistration Section vision of Corporations					
SHRJ	ECT:_	RISE, Inc.					
0000		Name of Corpo	ration – must in	clude suffix			
Dear S	ir or Mac	am:					
Affairs	s in Floric	application by Foreign Not for Pla", "Certificate of Existence", or we referenced not for profit corpo	r "Certificate of	Status" and cl	neck are submitted to		
Please	return all	correspondence concerning this	matter to the fo	llowing:			
		Dianne Montano					
	•	Nan	ne of Person				
		RISE, Inc.					
	-	Fire	m/Company		·		
	4542 E Inverness Ave						
		Ste 210					
	-		Address				
		Mesa, AZ 85206					
	-	City/Sta	te and Zip Code				
		registrations@risese	rvicesinc.org				
	_	E-mail address: (to be used	for future annua	l report notific	ration)		
For fur	ther infor	mation concerning this matter, p	olease call:				
Γ	Dianne N	lontano	at (480)	529-61			
		Name of Person	Area Code	Daytime Te	lephone Number		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ation Section n of Corporations ox 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Please 1	ed is a ch nake check .00 Filing	eck for the following amount: c payable to: FLORIDA DEPART Fee S78.75 Filing Fee & Certificate of Statu	□\$78.75 F	TE iling Fee & ed 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:

(If name unav	ailable in Florida, enter alternate corporate name	e adopted for the purpose of transacting business in Florida	<u> </u>
Utah	3	87-0454287	
(State or cou	ntry under the law of which it is incorporated)	(FEI number, if applicable)	-
3/31/1988	5	Perpetual	
(1	Date of Incorporation) 5.	(Date of duration, if other than perpetual)	_
Date first cond	ucted affairs in Florida if prior to registration. See	sections 617.1501 & 617.1502, F.S. to determine penalty liab	i lin
	ess Ave Ste 210 Mesa Arizona 85206		
		ce street address)	_
	(Current maning	address, if different)	
Name and <u>str</u>	501(c)(3) non-profit who primarily supports peoperporation authorized in home state or country eet address of Florida registered agent: (P.C.)	ole with intellectual and developmental disabilities to be carried out in the state of Florida)	_
Name and <u>str</u> Name:	501(c)(3) non-profit who primarily supports peoperporation authorized in home state or country eet address of Florida registered agent: (P.C.)	ole with intellectual and developmental disabilities to be carried out in the state of Florida) D. Box NOT acceptable)	_
Name and <u>str</u> Name:	501(c)(3) non-profit who primarily supports peoperporation authorized in home state or country eet address of Florida registered agent: (P.C.)	Die with intellectual and developmental disabilities to be carried out in the state of Florida) D. Box NOT acceptable)	_
Name and <u>str</u> Name:	501(c)(3) non-profit who primarily supports peoperporation authorized in home state or country eet address of Florida registered agent: (P.C.)	Die with intellectual and developmental disabilities to be carried out in the state of Florida) D. Box NOT acceptable)	_
Name and <u>str</u> Name:	501(c)(3) non-profit who primarily supports peoperporation authorized in home state or country eet address of Florida registered agent: (P.C.)	Die with intellectual and developmental disabilities to be carried out in the state of Florida) D. Box NOT acceptable)	_
Name and <u>str</u> Name: fice Address:	501(c)(3) non-profit who primarily supports peoperporation authorized in home state or country eet address of Florida registered agent: (P.C.)	ole with intellectual and developmental disabilities to be carried out in the state of Florida) D. Box NOT acceptable)	_

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								
□Chairman	Name:	□ Chairman	Name:					
□Vice Chairman	Address: 4542 E Inverness Ave	□Vice Chairman	Address:					
□Director	Ste 210	□Director						
■President	Mesa, AZ 85206	□President						
□ Vice President		□Vice President						
☐ Secretary	□Treasurer	□Secretary	□Treasurer					
□Other:	Other:	□Other:						
□ Chairman	Joshua Auer Name:	□Chairman	Name:					
□ Vice Chairman	Address: 4542 E Inverness Ave	□Vice Chairman	Address:					
□Director	Ste 210	□Director						
□President	Mesa, AZ 85206	□President						
□ Vice President		□Vice President						
☐ Secretary	☐ Treasurer	☐ Secretary	☐ Treasurer					
■Other: CEO	☐ Other:	□Other:	Other:					
☐ Chairman	Archie Fitzgerald	□ Chairman	Name:					
□Vice Chairman	Address: 4542 E Inverness Ave	□Vice Chairman	Address:					
☐Director	Ste 210	□Director						
□President	Mesa, AZ 85206	□President						
□Vice President		□Vice President						
□Secretary	□Treasurer	☐ Secretary	□Treasurer					
■Other: CFO	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. Archie Fitzgerald, CFO								
(Typed or printed name and capacity of person signing application)								



Utah Department of Commerce

Division of Corporations & Commercial Code

160 East 300 South, 2nd Floor, PO Box 146705 Salt Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents

Fax: (801) 530-6438

Web Site: http://www.commerce.utah.gov

10/10/2023 995823-014010102023-1549744

CERTIFICATE OF EXISTENCE

Registration Number:

995823-0140

Business Name:

RISE, INC.

Registered Date:

March 31, 1988

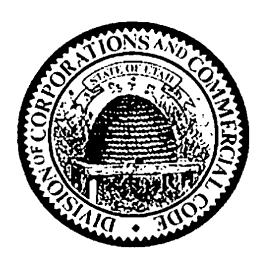
Entity Type:

Corporation - Domestic - Non-Profit

Status:

Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent): and, that Articles of Dissolution have not been filed.



L. Weillette

Leigh Veillette Director Division of Corporations and Commercial Code