## F23000007030

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Farth First Living of Name of Corporation - r	nust include suffix			
Dear Sir or Madam:				
The enclosed "Application by Foreign Not for Profit Cor- Affairs in Florida", "Certificate of Existence", or "Certifi- register the above referenced not for profit corporation to	cate of Status" and check are submitted to			
Please return all correspondence concerning this matter to	the following:			
Richard A Wanne of Per	ulaert			
Earth First Living Firm/Company				
Firm/Company				
POBOX 18P5 Address	<del></del>			
New Port Richey City/State and Z				
E-mail address: (to be used for future	e annual report notification)			
For further information concerning this matter, please ca	II:			
Manaret Carwell at ( Area  Name of Person	Code Daytime Telephone Number			
Mailing Address:  Registration Section  Division of Corporations	Street Address: Registration Section Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
	OF STATE 678.75 Filing Fee & \$\Bigsilon\$\$87.50 Filing Fee,			
Certificate of Status	Certified Copy Certificate of Status &			

## 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:
(Name of corporation: must include the word "MYCORPORATED" 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.)
Please note the existence of the companion entity Earthfirst (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) Living
2. California (State or country under the law of which it is incorporated)  3. 77-037454  (FEI number, if applicable)
4. 10/22/1993 5. (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. 4744 Azalea Dr 208B Newlort Richey 534652 (Principal office street address) POBOX 1885 New Port Riche F54656 (Current mailing address, if different)
8. To level entroy and expertise to any project that benefits (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
8. 10 1900 9M PAGA AND EXPLITING TO AND DIOCAT THAT JENETTS  (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)  And Humanity
Name:
NOW POCK (City), Florida 346352 (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.
Make will
(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. DIRECTOR	es of the state of		Poly March		
□Chairman	Name: Margrot Carrwell		Name: NICHARD WALLART		
□Vice Chairman	Address: POBOX 1885 N.P.R.	□Vice Chairman	Address: 1000 1805 11/1		
□Director	FL 34656	□Director	FL 34656		
President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	\ Secretary	<b>⊠</b> Treasurer		
□Other:	Other:	□Other:	□Other:		
<b>Æ</b> Chairman	Name: Jack Reed	□Chairman	Name: FONIST LYTCHAUSE		
□Vice Chairman	Address: POBOX HF5-NPR	□Vice Chairman	Address: POBOX 1865-11/PK		
.Ø∕Director	FL 34656		FL 34656		
□President		□President			
□Vice President		□Vice President			
□Secretary	☐Treasurer	☐ Secretary	□Treasurer		
Other:	Other:	Other:	Other:		
□ Chairman	Name: Theo Tillson	□Chairman	Name:		
□Vice Chairman	Address: POBOX XF5-NPR		Address:		
Director	FL 34656	Director			
□President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	Secretary	□Treasurer		
□Other:	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. Margaret (arryl) resident tark First Wing  (Typed or printed name and expecitly of person signing application)					



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

**Entity Name:** 

EARTH FIRST LIVING

Entity No.:

1875055

Registration Date: 10/22/1993

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 October 20, 2023.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 153090519

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at bizfileOnline.sos.ca.gov.