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COVER LETTER

TO:		on Section f Corporations		
SUBJE		GS OF THE WIND FOUNDATI		
50551		Name of Foreign	orporation	
Dear S	ir or Madan	n:		
The en	closed Fore	ign Not for Profit Name Regis	stration, certifica	te and fee(s) are submitted for filing
Please	return all co	orrespondence concerning this	matter to the fol	lowing:
IRMA i	L. HERNAN	DEZ		
		Name of Person	· ·	-
WINGS	S OF THE W	IND FOUNDATION CORP		
-		Firm/Company		-
P.O BO	X 701564			
2 :	_	Address		-
ST CLO	OUD FL 347	69		
	Ci	ty/State and Zip Code		-
PINKG	LADIATOR	1217@GMAIL.COM		
Е	-mail addre	ss: (to be used for future annu	al report notifica	tion)
For fur	ther inform	ation concerning this matter, p	olease call:	
IRMA I	HERNANDI	SZ	914 at (566-3531
	N:	ame of Person	_	Daytime Telephone Number
	Division P.O. Box	on Section of Corporations	Divisio The Ce 2415 N	ddress: ation Section on of Corporations entre of Tallahassee I. Monroe Street, Suite 810 assee, FL 32303
Enclose	ed is a chec	k for the following amount:		

□ \$96.25 Filing Fee & Certified Copy

☐ \$87.50 Filing Fee

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:

WINGS OF THE WIND FOUNDATION CORPORATION

	vailable in Florida, enter alternate corporate i	name adopted for the purpose of transacting b	ousiness in Florida)
ALBANY, N	NEWYORK	3. 82-2165730 (FEI number, if applicab	
7-17-2017	Day (Classes)	5. (Date of duration, if other that	.
		(Date of duration, if other that	in perpetual)
january 2	2023		
(Date first con	ducted affairs in Florida if prior to registration.	See sections 617.1501 & 617.1502, F.S. to det	termine penalty liability
3160 OLD CA	ANOE CREEK ROAD ,ST. CLOUD, FLOR	IDA 34772	S 2
	(Principal	office street address)	1024 JAN -
PO BOX 7015	146, st. cloud, florida 34772		JAN LL/
		ling address, if different)	-
			S
ENGAGE IN	OUTREACH MINISTRY IN NURSING HO	OMES AND ADAVOCAATE AGAIST AN	IMAL GRUELT
Purpose(s) of	corporation authorized in home state or cour	OMES AND ADAVOCAATE AGAIST AN ntry to be carried out in the state of Florida)	<u>ည</u> ်
			, in
Name and <u>sti</u>	reet address of Florida registered agent: ((P.O. Box <u>NOT</u> acceptable)	
Nama	ANA ELSIE		
Name. fice Address:	ANA ELSIE 2836 SPIVEY LANE		_
	ORLANDO	, Florida ³²⁸³⁶ (Zip Code)	_
	(City)	(Zip Code)	<u> </u>

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. DIRECTO			
■ Chairman	IRMA HERNANDEZ Name:	□Chairman	Name:
□Vice Chairman	Address: 3160 OLD CANOE CREEK RO/	□ Vice Chairman	Address:
Director	ST., CLOUD, FL. 34772	□Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□Secretary	Treasurer
□Other:	Other:	Other:	
□Chairman	ANA ELSIE	□Chairman	Name:
■Vice Chairman	2836SPIVEYLANE Address:	□Vice Chairman	Address:
□Director	ST. CLOUD, FL. 32836	Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
⊡Other:		□Other:	Other:
□Chairman	Name: DESTINI LUGUERCIO	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director	PATERSON, N.Y. 12563	Director	
□President		□President	
□Vice President		□Vice President	
■ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other:		□Other:	Other:
Non-indexed indiv	t Notice: Use an attachment to report more than sizeduals may be added to the index when filing your than sizeduals may be added to the index when filing your than sizeduals may be added to the index when filing your than sizeduals may be added to the index when filing your than sizeduals may be added to the index when filing your than sizeduals may be added to the index when filing your than sizeduals may be added to the index when filing your than sizeduals may be added to the index when filing your than sizeduals may be added to the index when filing your than sizeduals may be added to the index when filing your than sizeduals may be added to the index when filing your than sizeduals may be added to the index when filing your than sizeduals may be added to the index when filing your than sizeduals may be added to the index when filing your than sizeduals may be added to the index when filing your than sizeduals may be added to the index when filing your than sizeduals may be added to the index when filing your than sizeduals may be added to the index when sizeduals may be added to th	r Florida Department o	f State Annual Report form.

14. IRMA HERNANDEZ, CHAIRMAN

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I. ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filled in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: WINGS OF THE WIND FOUNDATION CORPORATION

DOS ID Number: 5166643

Entity Type: DOMESTIC NOT-FOR-PROFIT CORPORATION

Entity Status: EXISTING
Date of Initial Filing with DOS: 07/07/2017

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on December 19, 2023 at 09:46 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C. Heylan

By Brendan C. Hughes

Executive Deputy Secretary of State

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