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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	FCT: The Social Shepherd Inc.			
1,010,0		f corporation	- must include suffix	
Dear S	ir or Madam:			
"Certif	closed "Application by Foreign Corfeate of Existence," or "Certificate of referenced foreign corporation to tra	of Good Stanc	ling" and check are submi-	
Please	return all correspondence concernin	g this matter	o the following:	
Gerald	F Meek			
-		Name of P	erson	
		Firm/Comp	pany	
107 Sa	rdis Grove Ln			
		Addres	is s	
Matthe	ws. NC 28105-2602			
	· · · · · · · · · · · · · · · · · · ·	City/State an	d Zip code	
jerry@	bouwen.us			
	E-mail address:	(to be used fo	r future annual report noti	fication)
For fur	ther information concerning this ma	tter, please ca	II:	
Gerald F Meek		305 it (921-9301 Daytime Telephone Number	
	Name of Person	Area Code	Daytime Telephor	ne Number
	STREET/COURIER ADDRESS Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	:	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
Please r	ed is a check for the following amounake check payable to: FLORIDA DEI .00 Filing Fee	PARTMENT (☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607,1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

The Social Shep	pherd Inc.				
(Enter name of c	orporation: must include "INCORPORATED orp," "Inc," "Co." or "Corp,")	" "COMPANY," "CORPORATION			
(If name unavails	able in Florida, enter alternate corporate name	adopted for the purpose of transacting	g business in Florida)		
New York	New York 3 93-4105726				
(State or country under the law of which it is incorporate		(FEI number, if applicable)			
October 1, 2023	5.				
(Date	of incorporation)	(Date of duration, if other t	han perpetual)		
January 15, 202	4				
		n Florida, if prior to registration) 502, F.S., to determine penalty liabilit	(y)		
447 Broadway Fl	2 #1240, New York, NY 10013				
	(Principal off	ice <u>street</u> address)	2024 F 55.63 TAL		
	(Current maili	ng address. if different)	EB-8 P		
. Name and stree	et address of Florida registered agent: (P.G	O. Box NOT acceptable)	PH SSE		
Name:	Business Filings Incorporated		# 2: C		
Office Address:	1200 South Pine Island Road				
	Plantation	. Florida 33324			
	(City)	(Zip code)			

9. 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.

Brenzas futter Asst Secretary
(Registered agent's signature)

10. 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.

A. DIRECTORS								
□Chairman	Name:	□Chairman	Name:					
□Vice Chairman	Address: Alexander House	□Vice Chairman	Address:					
■Director	James Street West	□Director						
□President	Bath, England	□President						
□Vice President	United Kingdom BA1 2BT	□Vice President						
□Secretary	□Treasurer	□ Secretary		□Treasurer				
□Other	□Other	□Other		□Other				
□Chairman	Name: Zoe Stephenson	□Chairman	Name:					
□Vice Chairman	Address:	□Vice Chairman	Address:					
Director	James Street West	□Director						
■ President	Bath, England	□President		_				
□Vice President	United Kingdom BA1 2BT	□Vice President						
Secretary	□Treasurer	□ Secretary		□Treasurer				
□Other	□Other	□Other		□Other				
	Name:	□Vice Chairman						
□Director	Miami, FL 33131	□Director						
□President	Wildin, 1 E 33131	□President						
□Vice President		□ Vice President						
□Secretary	■ Treasurer	☐ Secretary		□Treasurer				
□Other	Other	□Other		□Other				
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. 12. Signature of Director or Officer								

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

, Gerald F Meek, Treasurer

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 filed 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:

THE SOCIAL SHEPHERD INC.

DOS 1D Number:

7147089

Entity Type:

OMESTIC BUSINESS CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

10/01/2023

Statement Status:

CURRENT

Statement Due Date:

10/31/2025

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 January 26, 2024 at 10:49 A.M.

Brandon C Higher

ROBERT J. RODRIGUEZ, Secretary of State

By Brendan C. Hughes

Executive Deputy Secretary of State

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