

F24000001195

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FOREIGN PROFIT/NONPROFIT CORPORATION

Firebirds Cares EAF, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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. FIREBIRDS CARES EAF, 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.)

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

2. NC

(State or country under the law of which it is incorporated)

3. 93-1912433

(FEI number, if applicable)

4. 08/12/2023

(Date of incorporation)

5.

(Date of duration, if other than perpetual)

6. 01/03/2024

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

7. 8700 RED OAK BLVD, STE J CHARLOTTE, NC 28217

(Principal office street address)

(Current mailing address, if different)

8. EMPLOYEE NON-PROFIT ASSISTANCE FUND

(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: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue 2nd Fl

Tallahassee

(City)

Florida 32301

(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.

Geneva Harrison

Geneva Harrison, Asst. Secretary on behalf

Capitol Corporate Services, Inc.

(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.

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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: CHARLES BLANKENSHIP
☐ Vice Chairman Address: 8700 RED OAK BLVD, STE J
☐ Director CHARLOTTE, NC 28217
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: CHARLES BLANKENSHIP
☐ Vice Chairman Address: 8700 RED OAK BLVD, STE J
☒ Director CHARLOTTE, NC 28217
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: NICOLE THARRINGTON
☐ Vice Chairman Address: 8700 RED OAK BLVD, STE J
☐ Director CHARLOTTE, NC 28217
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: NICOLE THARRINGTON
☐ Vice Chairman Address: 8700 RED OAK BLVD, STE J
☒ Director CHARLOTTE, NC 28217
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: CORY LILLISTON
☐ Vice Chairman Address: 8700 RED OAK BLVD, STE J
☐ Director CHARLOTTE, NC 28217
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: TREASURER ☐ Other: _____

☐ Chairman Name: CORY LILLISTON
☐ Vice Chairman Address: 8700 RED OAK BLVD, STE J
☐ Director CHARLOTTE, NC 28217
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: CHIEF ☐ Other: _____
ACCOUNTING OFFICER

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. NICOLE THARRINGTON, Secretary
(Typed or printed name and capacity of person signing application)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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NORTH CAROLINA
Department of the Secretary of State

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CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

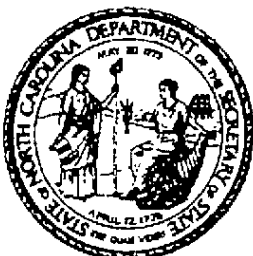
FIREBIRDS CARES EAF, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 12th day of June, 2023 , with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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TALLAHASSEE, FLORIDA

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Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 23rd day of February, 2024.

Elaine F. Marshall

Secretary of State