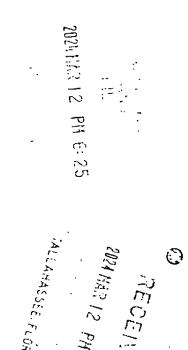
F24000001378

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



500425589945







Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 3/12/2024

PRIORITY Regular Approval

OUR REF # (Order ID#) 1235645

ORDER ENTITY

IN OUR BACKYARDS, INC.

PLEASE PERFORM THE FOLLOWING SERVICES: IN OUR BACKYARDS, INC. (FL)

File the attached foreign qualification document

NOTES:

\$70.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, March 12, 2024 Page Lof 1

COVER LETTER

то:	Registration Section Division of Corporations					
SUBJ	SUBJECT: In Our Backyards, Inc.					
	Name of Corporation	- must include suffix				
Dear S	ir or Madam:					
Affairs	iclosed "Application by Foreign Not for Profit Cos in Florida", "Certificate of Existence", or "Certificate above referenced not for profit corporation	ficate of Status" and che	ck are submitted to			
Please	return all correspondence concerning this matter	to the following:				
	John Hiestand					
	Name of P	erson				
	Harbor Compliance					
	Firm/Com	pany				
	1830 Colonial Villag	je Ln				
	Addres	SS				
	Lancaster, PA 1760	1				
	City/State and					
	E-mail address: (to be used for futu	ire annual report notificat	tion)			
For fur	ther information concerning this matter, please of	all:				
Joh	nn Hiestand 7	17 , 431-916	34			
	<u> </u>		phone Number			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Please r	ed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT 0.00 Filing Fee □\$78.75 Filing Fee & □ Certificate of Status	OF STATE 1878.75 Filing Fee & Certified 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:

In Our B	ackyards, Inc.	
(Name of corporation in the name at p	ration; must include the word "INCORPORATED" or "CORPORATION" or words or all age as will clearly indicate that it is a corporation instead of a natural person or partnershi resent. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corpora	obreviations of like p if not so contained tion.)
(If name unava	tilable in Florida, enter alternate corporate name adopted for the purpose of transacting bi	isiness in Florida)
New York	,	
. New York	ntry under the law of which it is incorporated) (FEI number, if applicable	
. <u>07/30/200</u>	٠.	
	Date of Incorporation) (Date of duration, if other than	i perpetual)
N/A		
(Date first cond	ucted affairs in Florida if prior to registration. See sections 617,1501 & 617,1502, F.S. to dete	ermine penalty liability.)
275 Park	Ave Ste A, Brooklyn, NY 11205	
	(Principal office street address)	
	· · · · · · · · · · · · · · · · · · ·	
	(Current mailing address, if different)	·
Mobilizes neighb	ors who have good ideas to become powerful civic leaders who plan, fund, and make positive change in the	ir own neighborhoods
(Purpose(s) of	ors who have good ideas to become powerful civic leaders who plan, fund, and make positive change in the corporation authorized in home state or country to be carried out in the state of Florida) eet address of Florida registered agent: (P.O. Box NOT acceptable)	
. Name and <u>str</u>	eet address of Florida registered agent: (P.O. Box NOT acceptable)	
		7 = 11
Name:	Registered Agents Inc	
Affica Addenses	7901 4th St N STE 300	- P
Trice Address.		- စံ့
	St. Petersburg Florida 33702 (Zip Code)	- 25 - 25
	(City) (Zip Code)	g,
() Dagietara	Larantic navantanaa	
laving been no esignated in th orther agree to	agent's acceptance: Imed as registered agent and to accept service of process for the above stated co It is application, I hereby accept the appointment as registered agent and agree to It is comply with the provisions of all statutes relative to the proper and complete p It is an accept the obligations of my position as registered agent.	o act in this capacity. I
	Durid Adresis	
	(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. DIRECTOF	RS Name: Apollo Gonzales	Chairman	Name: Jena' Bradley			
□Vice Chairman	Address:	_ □ Vice Chairman	Address:			
□Director	275 Park Ave Ste A	□Director	275 Park Ave Ste A			
□President	Brooklyn, NY 11205	□President	Brooklyn, NY 11205			
□Vice President		_ □Vice President				
☐ Secretary	□Treasurer	Z /Secretary	□Treasurer			
□Other:	□ Other:	Other:	□Other:			
□ Chairman	Name: Evelyn Burnett	_ □Chairman	Name: Nupur Chaudhury			
☑ Vice Chairman	Address:	_ □ Vice Chairman	Address:			
□Director	275 Park Ave Ste A	Director	275 Park Ave Ste A			
□President	Brooklyn, NY 11205	□President	Brooklyn, NY 11205			
□Vice President		_ □ Vice President				
□ Secretary	□Treasurer	□ Secretary	□Treasurer			
□Other:	Other:	ZOther: CEO	Other:			
□Chairman	Name: Christine Rico	_ □Chairman	Name: Jamie Hand			
□Vice Chairman	Address:	_ □ Vice Chairman	Address:			
□Director	275 Park Ave Ste A	Ø Director	275 Park Ave Ste A			
□President	Brooklyn, NY 11205	_ □President	Brooklyn, NY 11205			
□Vice President		_ □Vice President	·			
☐Secretary	∠ Treasurer	☐ Secretary	Treasurer			
□Other:	Other:	Other:	□ Other:			
Non-indexed indiv	t Notice: Use an attachment to report more viduals may be added to the index when filing the state of Chairman. Vice Chairman, or	ng your Florida Department c	of State Annual Report form.			
Nupur Chaudhury, CEO						
	(Typed or printed name and capaci	ty of person signing applicat	on)			

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:

IN OUR BACKYARDS, INC.

DOS ID Number:

3702866

Entity Type:

DOMESTIC NOT-FOR-PROFIT CORPORATION

Entity Status:

EXISTING

Date of Initial Filing with DOS:

07/30/2008

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 March 11, 2024 at 11:43 A.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Higher

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100005345148 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov