

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

F24000099693 3

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H24000099693 3)))



H240000996933ABC9

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : COMPUTERSHARE  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)214-8442

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

### FOREIGN PROFIT/NONPROFIT CORPORATION

#### DLP Positive Returns Foundation

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

RECEIVED

2024 MAR 14 PM 4:50

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2024 MAR 14 PM 11:44

Electronic Filing Menu

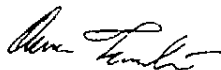
Corporate Filing Menu

Help

## 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. DLP Positive Returns Foundation  
 (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.)  
DLP Positive Returns Foundation, Corp.  
 (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Pennsylvania 3. \_\_\_\_\_  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 06, 2017 5. \_\_\_\_\_  
 (Date of Incorporation) (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. 405 Golfway West Drive, Suite 300, St. Augustine FL 32095  
 (Principal office street address)  
 \_\_\_\_\_  
 (Current mailing address, if different)
8. ANY LAWFUL PURPOSE  
 (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: Corporate Creations Network Inc.  
 Office Address: 801 US Highway 1  
North Palm Beach, Florida 33408  
 (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.*



By: Ariana Turoski, Special Secretary

(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.

MAR 14 PM 11:44

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: Donald Wenner  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director 405 Golfway West Drive, Suite 300  
☒ President St. Augustine FL 32095  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Barry W DeGroot  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director 405 Golfway West Drive, Suite 300  
☐ President St. Augustine FL 32095  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

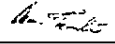
☐ Chairman Name: Robert Peterson  
☐ Vice Chairman Address: \_\_\_\_\_  
☒ Director 405 Golfway West Drive, Suite 300  
☐ President St. Augustine FL 32095  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ 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. Ariana Turoski, Attorney-in-fact  
 (Typed or printed name and capacity of person signing application)

**Pennsylvania Department of State**  
Bureau of Corporations and Charitable Organizations  
PO Box 8722 | Harrisburg, PA 17105-8722  
T: 717-787-1057  
[dos.pa.gov/BusinessCharities](https://dos.pa.gov/BusinessCharities)

**Regarding:** DLP Positive Returns Foundation  
**Request Type:** Subsistence Certificate **Issuance Date:** March 14, 2024  
**Request No.:** 032273429 **File No.:** 0006636923  
**Receipt No.:** 000955352  
**Filing Type:** Domestic Nonprofit Corporation  
**Filing Subtype:** Nonprofit Corporation  
**Initial Filing Date:** December 06, 2017  
**Status:** Active

**TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:**

I DO HEREBY CERTIFY THAT

DLP Positive Returns Foundation

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have  
hereunto set my hand and caused the seal  
of my office to be affixed, the day and year  
above written

**Albert Schmidt**  
Secretary of the Commonwealth

Verify this certificate online at [www.file.dos.pa.gov](https://www.file.dos.pa.gov)