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COVER LETTER

TO:	Registration Section Division of Corporations					
SHRI	ECT: RONEAMAN FOUNDATION, INC.					
3010	Name of Corporation – must include suffix					
Dear S	ir or Madam:					
Affair	iclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to it the above referenced not for profit corporation to conduct its affairs in Florida.					
Please	return all correspondence concerning this matter to the following:					
	CHARLES SPENCER ROBINSON					
	Name of Person					
	RONEAMAN FOUNDATION, INC.					
	Firm/Company					
	4124 ARCHDALE ST.					
	Address					
	MELBOURNE, FLORIDA 32940					
	City/State and Zip Code					
	SPINCERROB519@GMAIL.COM					
	E-mail address: (to be used for future annual report notification)					
For fu	rther information concerning this matter, please call:					
PAM	ELA DENITA NEAL-ROBINSON 240 505-5209					
	Name of Person Area Code Daytime Telephone Number					
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810					
	Tallahassee, FL 32314 Tallahassee, FL 32303					
Please	red is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE 0.00 Filing Fee S78.75 Filing Fee S78.75 Filing Fee S87.50 Filing Fee, Certificate of Status Certified Copy 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:

ry under the law of which it is incorporated)	3, 84-3586973 (FEI number, if applicable	·)
	(FEI number, if applicable	2)
2019		•
	5.	
ite of Incorporation)	5(Date of duration, if other than	perpetual)
ted affairs in Florida if prior to registration. Se	e sections 617.1501 & 617.1502, F.S, to deter	rmine penalty liabilit
St		
(Principal of	fice street address)	
(Current mailin	a address if different)	· 20 2
(Curen namn)	g address, if differency	<u> </u>
		, 25 J
emoration authorized in home state or country	to be carried out in the state of Florida)	
appration authorized in nome state of country	y to be earlied out in the state of Frontal	ं च्या
et address of Florida registered agent: (P.	O. Box NOT acceptable)	ED PH 2:
		3 2
Pamela Denita Neal-Robinson		를 0
1124 Archdale St		-
Melbourne	Florida 32940	-
(City)	(Zip Code)	-
	cted affairs in Florida if prior to registration. Set (Principal of (Current mailing) orporation authorized in home state or countret address of Florida registered agent: (P. Pamela Denita Neal-Robinson 4124 Archdale St	(Principal office street address) (Current mailing address, if different) (Current mailing address, if different) (Current mailing address of Florida registered agent: (P.O. Box NOT acceptable) Pamela Denita Neal-Robinson 4124 Archdale St Melbourne Florida 32940

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. DIRECTOR			
Chairman	Charles Spencer Robinson Name:	□ Chairman	Name: Pamela Denita Neal-Robinson
□Vice Chairman	Address: 4124 Archdale St	■Vice Chairman	Address: 4124 Archdale St.
□Director	Melbourne, Florida 32940	□Director	Melbourne, Florida 32940
President		☐ President	
□Vice President		□Vice President	
☐Secretary	□Treasurer	Secretary	Treasurer
Other:	☐ Other:	Other:	□Other:
☐ Chairman	Rhainie Tyese Frazier	□Chairman	Name:
□Vice Chairman	Address: 4872 Litchfield Place	□Vice Chairman	Address:
□Director	Waldorf, Maryland 20602	□Director	
□President		□President	
□Vice President		□Vice President	
■ Secretary	□Treasurer	Secretary	Treasurer
Other:	Other:	Other:	□Other:
□ Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
Secretary	Treasurer	☐ Secretary	☐Treasurer
Other:	Other:	Other:	Other:
Non-indexed indiv	t Notice: Use an attachment to report more than viduals may be added to the index when filing you (Signature of Chairman, Vice Chairman, or any neer Robinson, Chairman (Typed or printed name and capacity of	our Florida Department of	of State Annual Report form. 12 of the application)

STATE OF MARYLAND Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT RONEAMAN FOUNDATION, INC. (D19872712), INCORPORATED JUNE 21, 2019, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 13, 2024.

Michael L. Higgs

Director



301 West Preston Street, Baltimore, Maryland 21201 Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice

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