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(((H240001511043)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608)827-5300
Fax Number : (608)827-5501

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

Email Address: melissa@thegreenprogram.com

FOREIGN PROFIT/NONPROFIT CORPORATION
The GREEN Program Public Benefit Corporation

Certificate of Status	0
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2024 APR 26

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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.

(Enter name of c	Program Public Benefit Corporation orporation: must include "INCORPORATED.	" "COMPANY," "CORPORATION."	
"Inc" "Co.," "C	orp," "lnc," "Co," or "Corp.")		
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida	
Delaware 3		46-4652330	
(State or country under the law of which it is incorporated)		(FEI number, if applicable)	
1/21/2014	5.	Perpetual	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
9/27/2021			
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)	
30 S. 15th St, F	loor 15, Philadephia, Pennsylvania 19102		
	(Principal off	ice street address)	
	(Current mailir	ig address, if different)	
Nama and etras	et address of Florida registered agent: (P.C	ng address. if different) D. Box <u>NOT</u> acceptable)	
rame and street	•	5. Box (NOT acceptable)	
Name:	Business Filings Incorporated		
ffice 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.

Chris Das, AVP, Business Filings Incorporated (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.

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A. DIRECTORS						
⊡Chairman	Name: Melissa Lee	□ Chairman	Name:			
☐Vice Chairman	Address:	⊖Vice Chairman	Address:			
⊠ Director	2199 Harwick Cir SW	□Director	•			
X President	Vero Beach, Florida 32968	□President		··		
□Vice President		□Vice President				
	[]Treasmer	⊠ Secretary		⊡ Tteasines		
Other	CiOther	□Other		⊡Other		
Chairman	Name:	□Chairman	Name:	- <u> </u>		
□Vice Chairman	Address:	□ Vice Chairman	Address:			
□Director		□ Director				
□President		□President				
□Vice Presidem		□Vice President				
☐ Secretary	[]Treasurer	□ Secretary		☐ Treasurer		
⊡Other		□Other		Other		
□Chairman	Name:	□Chainnan	Name:			
□ Vice Chairman	Address:	☐ Vice Chairman	Address:			
☐Director		□Director				
⊡President		□ President		·		
□Vice President		□ Vice President				
□ Secretary	Cl Treasurer	12 Secretary		☐Tteasurer		
□Other	□Other	□Other		□Other		
Important Notice: Use at 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. V 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 5.817.155, F.S.						

Melissa Lee, President

(Typed or printed name and capacity of person signing application)

To:

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "THE GREEN PROGRAM PUBLIC BENEFIT

CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE

TWENTY-FIFTH DAY OF APRIL, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203332978

Date: 04-25-24