F24000002297

(Requestor's Name)						
(Address)						
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(City/S	State/Zip/Phon	e #)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificate	s of Status				
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SECRETARY OF STATE
HOUSION OF CORPORATIONS

COVER LETTER

TO:	Registration Section Division of Corporations				
SHBJ	ECT: SBA PLA Florida, Inc.				
2000	Name of Corporation – must include suffix				
Dear S	ir or Madam:				
Affairs	sclosed "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:				
	Jennifer Gross				
	Name of Person				
	SBA Pro Life America				
Firm/Company					
	2800 S. Shirlington Rd, STE 1200				
	STE 1200				
	Address				
	Arlington, VA 22206				
	City/State and Zip Code				
	jgross@sbaprolife.com				
	E-mail address: (to be used for future annual report notification)				
For fu	ther information concerning this matter, please call:				
Jennif	er Gross 703 577-4407				
	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 32303				
Please	ed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE .00 Filing Fee				

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:

	illable in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florida)
Virginia	3. nuy under the law of which it is incorporated)	99-2360813
4/\$/2024	5.	
(1.	Jate of Incorporation)	(Date of duration, if other than perpetual)
N/A		
(Date first cond	ucted affairs in Florida if prior to registration. See.	sections 617.1501 & 617.1502, F.S. to determine penalty liabili
2800 S. Shirlin	ngton Rd, STE 1200, Arlington VA 22206	
***************************************	(Principal offic	ce <u>street</u> address)
	(Current mailing	address, if different)
		address, if different)
Pro-Life Issue:	s and Ballot Access Issues	7
(Purpose(s) of	s and Ballot Access Issues corporation authorized in home state or country	to be carried out in the state of Florida)
Managara and a		De NOT
Name and str	<u>eet address</u> of Florida registered agent: (P.C). Box NOT acceptable)
	LRS Agents 1.1 C	
Name:	URS Agents, LLC	
fice Address:	3458 Lakeshore Drive	
	Tallahassee (City)	, Florida

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. DIRECTOI	Name: Marjorie Dannenfelser	□Chairman	Jennifer Gross
□Vice Chairman	Address: 2800 S. Shirlington Rd	Vice Chairman	Address: 2800 S. Shirlington Rd
■Director	STE 1200	□Director	STE 1200
■President	Arlington, VA 22206	_ □President	Arlington, VA 22206
□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 A
Other:	☐ Other:	□Other:	Ul reasurer SECIRE IN SECURIOR IN SECURIO
□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:
NOTE: Importan Non-indexed indiv 13. Junifer Gro	t Notice: Use an attachment to report more the riduals may be added to the index when filing (Signature of Chairman, Vice Chairman, or sess	g your Florida Department o	of State Annual Report form. 12 of the application)

Commonboealth & Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That SBA PLA FLORIDA, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on April 8, 2024;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Scaled at Richmond on this Date:

April 8, 2024

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2024040820094761