(i(H240003373293)))

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.

(((11240003373293)))



H240003373293ABC0

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 : BRYTEBRIDGE CONSULTING, LLC

Account Number : I20200000117 Phone : (407)278-1552

: (407)857-9309 Fax Number

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

Email Address: mchl.doherty@gmail.com

ス

M

FOREIGN PROFIT/NONPROFIT CORPORATION

Silver Oak Jumper Tournament, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

1476

Help

OCT 6 8 2024 K. Brumbley

(((H240003373293)))

Zono Sign Document ID: 2CE6E4E4-XRND-GEPSVPSM1MOSN1TGPSE68ZQ_QG6ETZ+QKVVE00

(((H240003373293)))

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:

(If name unaug	aitable in Clarida autor alternate com-	orate name adopted for the purpose of transacting busine	us in Ulasida)	_
(II name unava	manie in riorida, enter atternate corp	orate name adopted for the purpose of transacting busine	ss in riorida)	
Mussachusette	5	3 81-4286486		
(State or cou	ntry under the law of which it is incor	porated) (FEI number, if applicable)		-
10/28/2016		5.		
(1.	Date of Incorporation)	5. (Date of duration, if other than per	petual)	_
(1)		ration. See sections 617,1501 & 617,1502, F.S. to determin		
		ration. See sections 617, 1304 & 617, 1302, F.S, 10 determin	ве репану навы	aty.)
10 Liberry St. !	Danvers, Massachusetts 01923			_
	(Рп	ncipal office street address)		
	(Curren	nt mailing address, if different)		-
We have ender	avored to support important charitable	e organizations.		
Purpose(s) of	corporation authorized in home state	organizations. or country to be carried out in the state of Florida)		-
	·		2024-001	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)				
1: i	Carol Coleman		1	
				• •
	14224 Stroller Way			
	Wellington	Florida 33414		·
	Wellington (City)	, Florida 33414 (Zip Code)	; f <u>ş</u>	·
Name: fice Address:		, Florida 33414 (Zip Code)		·
Name: fice Address: 0. Registered	l agent's acceptance:		. 23	nluce
Name: fice Address: D. Registered wing been nustronated in the	l agent's acceptance: imed as registered agent and to ac is application. I hereby accept th	ccept service of process for the above stated corpor e appointment as registered agent and agree to act	ration at the p	city. I
Name: fice Address: O. Registered wing been nusignated in the	l agent's acceptance: imed as registered agent and to a is application, I hereby accept th comply with the provisions of all	ecept service of process for the above stated corpor	ration at the p	city. I

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.

Zono Sign Document ID: 2CE6E4E4-XRND-GEPSVPSM1MOSNTTGPSE66ZQ_QG6ETZ1QKVVE00

(((11240003373293)))

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTOR			Denyse Sullivan
□ Chairman	Name: Jordan Co.	_ □ Chairman	Name: Denyse Sullivan
□Vice Chairman	Address: 10 Liberty St		Address:
Director	Danvers, Massachuseus 01923	_ = Director	Danvers, Massachusetts 01923
President			
DVice President		_ □ Vice President	
Secretary	□Treasurer	□Secretary	■Treasurer
20ther:	☐ Other:	□Other:	□Other:
]Chairman	Sharon Ricci Name:	_ □Chairman	Name:
lVice Chairman	Address: 10 Liberty St		Address: 10 Liberty St
Director	Danvers, Massachusetts 01923	■Director	Danvers, Massachusetts 01923
President		□President	
Wice President		DVice President	
Secretary	□Treasurer	□Secretary	□Treasurer
Other:	Other:	□ Other:	□Other:
IChairman	Carol Coleman	JChairman	Numa
Vice Chairman	10 Liberty St		Name:
Director	Address:		Address:
lPresident			
IVice President		DVice President	
Secretary	Treasurer	☐ Secretary	DT reasurer
lOther:	Tl Other:	□ Othert	[]Other:
Son-indexed indiv	nt Notice: Use an attachment to report more the viduals may be added to the index when filing Deporture (Signature of Chairman, Vice Chairman, or	g your Florida Department o	of State Annual Report form.

(((H240003373293)))



Commonwealth

The Commonwealth of Massachusetts Secretary of the Commonwealth State Rouse, Boston. Massachusetts 02188

Date: July 18, 2024

To Whom It May Concern:

I hereby certify that

SILVER OAK JUMPER TOURNAMENT, INC.

appears by the records of this office to have been incorporated under the General Laws of this

Commonwealth on October 28, 2016 (Chapter 180).

I also certify that so far as appears of record here, said corporation still has legal existence.

N R

In testimony of which.

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

Sept. Certificate Number: 24070235760

Verify this Certificate at http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx

Processed by bod

(((11240003373293)))