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COVER LETTER

	ration Section on of Corporations					
SUBJECT: B.	ALLER DREAM FOUNDATION					
3000001	Name of Corporation – must include suffix					
Dear Sir or Mad	dam:					
Affairs in Florie	Application by Foreign Not for Profit Corporation for Authorization to Corda", "Certificate of Existence", or "Certificate of Status" and check are subvereferenced not for profit corporation to conduct its affairs in Florida.					
Please return al	ll correspondence concerning this matter to the following:					
	Shannon Kessler					
	Name of Person					
	Baller Dream Foundation					
	Firm/Company					
	PO Box 26358					
	Address					
	Scottsdale, AZ 85255					
	City/State and Zip Code					
	Shannon@ballerdream.org					
	E-mail address: (to be used for future annual report notification)	-				
For further info	ormation concerning this matter, please call:					
Sha	nnon Kessler at (201) 921-6059 Name of Person					
	Name of Person Area Code Daytime Telephone No	ımber				
Regist Division P.O. B	g Address: ration Section on of Corporations Box 6327 rassee, FL 32314 g Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	810				

Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE

\$70.00 Filing Fee

1\$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy

∑\$87.50 Filing Fee, 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:

BALLER DR	EAM FOUNDATION					
(Name of corpor	ration; must include the v	e that it is a corporation ins	or "CORPORATION" or words or lead of a natural person or partners rporate suffix by a nonprofit corpo	ship if not so co	of like intained	
BALLER DRE	AM FOUNDATION, IN	C.				
(If name unava	ilable in Florida, enter al	ternate corporate name ado	pted for the purpose of transacting	business in Flo	orida)	
- ARIZONA		- 320	529917			
(State or cour	atry under the law of whi	ch it is incorporated)	(FEI number, if applica	ble)		
4. <u>4/11/2017</u>	•	5				
4. <u> </u>	Pate of Incorporation)		(Date of duration, if other th	nan perpetual)		
			ons 617.1501 & 617.1502, F.S. to d			
(Date first cond	ucted affairs in Florida if p	orior to registration. See section	ons 617.1501 & 617.1502, F.S. to d	etermine penalt	v liability.)	
7 4741 N. Scotts	dale Rd, G4002, Scottsda	ale AZ 85251				
··		(Principal office st	reet address)			
		(Current mailing addr	ess if different)			
		(caren name	in a differently			
ما ما مانده ما	muumana ta lift tha	anisita of abildran v	suna adulta and thair fami	iliae affacta	d by Ca	ncor
8. Charitable	purpose to int the	Spirits of Children, yo	oung adults and their fami	mes anecte	u by Cai	ICEI
(rurpose(s) or o	corporation authorized in	nome state of country to be	carried out in the state of Florida,	,		
9. Name and <u>str</u>	<u>cet address</u> of Florida i	registered agent: (P.O. Bo	x NOT acceptable)			
Name:	Capitol Corporate Servi	ces, Inc.		, - , -		
Office Address:	Capitol Corporate Servi 515 E Park Ave 2nd Flo	юr	Florida 32301 (Zip Code)	_ :	7. 139 H202	
	Tallahassee		Storido 32301		:2	
	(City)	, r	(Zip Code)	<u> </u>	3	•
	\ ·	,	` ' '			
10. Registered	agent's acceptance:				17.3	
Having been na	med as registered age. is application. I hareb	nt and to accept service (of process for the above stated t as registered agent and agree	corporation a r to act in this	t the place	e I
further agree to	comply with the provi	isions of all statutes rela- obligations of my positi	ive to the proper and complete	performance	of my du	ties,
,	•		,	A.750	• •	
	Mary Forth			£7.A		
		*	behalf of Capitol Corporate Servi	ces, Inc.		
		(Registered agen	('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.

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

A. DIRECTOR			Shannon Kossler	
□ Chairman	Name: 1741 N. Santradala Rd. C4002	□Chairman	Name: Shannon Kessler 4741 N. Scottsdale Rd. G4002 Address:	
□Vice Chairman	Address: 4741 N. Scottsdale Rd. G4002	□Vice Chairman		
■Director	Scottsdale AZ 85251	■ Director	Scottsdale AZ 85251	
■President		□President		
□Vice President		□ Vice President		
□Secretary	□Treasurer	☐ Secretary	□Treasurer	
Other:	Other:	■Other: CFO	Other:	
□Chairman	Name:	□Chairman	Name:	
□Vice Chairman	Address: 4741 N. Scottsdale Rd, G4002	□Vice Chairman	Address: 4741 N. Scottsdale Rd, G4002	
Director	Scottsdale AZ 85251	■Director	Scottsdale AZ 85251	
□President		□President		
□Vice President		□ Vice President		
□Secretary	□Treasurer	☐ Secretary	☐Treasurer	
□Other:	Other:	□Other:	Other:	
□Chairman	Name: Geraldine Tomich	□Chairman	Name: Tonya Gollotte	
□Vice Chairman	1741 N. Sportedala P.J. C4002	□ Vice Chairman	Address: 4741 N. Scottsdale Rd, G4002	
■ Director	Scottsdale AZ 85251	Director	Scottsdale AZ 85251	
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□Secretary	□Treasurer	
Other;	Other:	■Other: CEO	□Other:	
Non-indexed indiv	Notice: Use an attachment to report more than siduals may be added to the index when filing your ster (Signature of Chairman, Vice Chairman, or any	ur Florida Department o	f State Annual Report form.	
Shannon Kes	Siler (Typed or printed name and capacity of	paraon alorina - P		





STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

Baller Dream Foundation

ACC file number: 1925451

was incorporated under the laws of the State of Arizona on 11/27/2018;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.



IN WITNESS WHEREOF. I have hereunto set my hand, affixed the official seal of the Arizona. Corporation Commission, and issued this Certificate on this date: 10/14/2024

Douglas R. Clark, Executive Director

Angle R.Clark



Docusign Envelope ID: CA069859-26E0-40BA-91C2-65DE504C1F85

Additional Directors:

Monica Monson 4741 N Scottsdale Rd, G4002, Scottsdale AZ 85251

Jan Jones-Blackhurst 4741 N Scottsdale Rd, G4002, Scottsdale AZ 85251