

F24000005745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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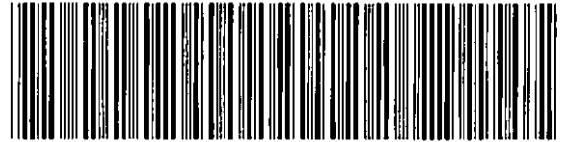
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2024 OCT 15 PM 12:33

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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIDWIFE ME LTD D/B/A RED MOON MIDWIFERY

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

VICTORIA GORDON

Name of Person

MIDWIFE ME LTD D/B/A RED MOON MIDWIFERY

Firm/Company

12220 ATLANTIC BLVD

STE 130 #1010

Address

JACKSONVILLE, FL 32225

City/State and Zip Code

PROGRAMDIRECTOR@MIDWIFEME.ORG

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICTORIA GORDON

229

234-2515

at ()

Name of Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input checked="" type="checkbox"/> \$78.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$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:

MIDWIFE ME, LTD D/B/A RED MOON MIDWIFERY

1. _____
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

MIDWIFE-ME, INC. D/B/A. RED MOON MIDWIFERY CORRECTED PER LETTER NUMBER 824A00019596 10/22/2024

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. GEORGIA 3. 85-1096589
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MAY 16TH 2020 5. N/A
(Date of Incorporation) (Date of duration, if other than perpetual)

6. NONE TO DATE
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 3338 COUNTRY CLUB DR STE L1 PMB 252 VALDOSTA GA 31605
(Principal office address)

SAME
(Current mailing address, if different)

8. HEALTHCARE AND SOCIAL ASSISTANCE
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: VICTORIA GORDON

Office Address: 12220 ATLANTIC BLVD STE 130 #1010
JACKSONVILLE, Florida 32225
(City) (Zip Code)

10. 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.



(Registered agent'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.

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JACKSONVILLE, FL

12. Names and addresses of officers and/or directors

A. DIRECTORS

VICTORIA GORDON

Chairman: 1736 HARRINGTON PARK DR

Address: JACKSONVILLE FL 32225

MEKA HALL

Vice Chairman: 107 UPPER RIVERDALE RD SW STE B

Address: RIVERDALE, GA 30274-2504

SECRETARY OF THE BOARD / JAYSON ANDERSON

Director: 3901 FAWN VIEW ROAD

Address: VALDOSTA, GA 31601

Director:

Address:

B. OFFICERS

NONE

President:

Address:

Vice President:

Address:

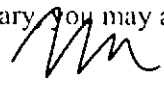
Secretary:

Address:

Treasurer:

Address:

NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors.

13.  (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. VICTORIA GORDON RN CNM PROGRAM DIRECTOR
(Typed or printed name and capacity of person signing application)

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Midwife Me Ltd.

a Domestic Nonprofit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 27749005
Date Inc/Auth/Filed: 05/16/2020
Jurisdiction : Georgia
Print Date : 07/09/2024
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State