F24000005787

(Re	equestor's Name)	
	idress)	
(0)	10/633)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bi	isiness Entity Name)	
	ocument Number)	
(00	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fili	ng Officer:	
<u> </u>		

Office Use Only



400439215804

2024 NOV -6 PM 12: 24

APPROVED AND FILED

2024 NOV -6 PH 3: 28

1.0V = 7 2024 K. Brumbley CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563
Date: 11/06/24
Order #: 1671167-1
Re: Seeds & Bridges, Inc.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$70.0- FL State Account Number:

120000000195

Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ	ECT: Seeds & Bridges, Inc.						
	Name of Corporation – must include suffix						
Dear S	ir or Madam:						
Affair:	iclosed "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 r the above referenced not for profit corporation to conduct its affairs in Florida.						
Please	return all correspondence concerning this matter to the following:						
	Rachel Winchester						
	Name of Person						
	Telos Arete, P.C.						
	Firm/Company						
	418 Manatuck Blvd						
	Address						
	Brightwaters, NY 11718 City/State and Zip Code						
	rwinchester@telosarete.law						
	E-mail address: (to be used for future annual report notification)						
For fu	rther information concerning this matter, please call:						
Rache	el Winchester 631 372-2502 at ()						
	Name of Person Area Code Daytime Telephone Number						
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations						
	P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE 0.00 Filing Fee S78.75 Filing Fee S78.75 Filing Fee S78.75 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy 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:

(If name unava	illable in Florida, enter alternate c	orporate name adopted f	or the purpose of transacting b	ousiness in Florida	ı)
Tennessee	ntry under the law of which it is in	3. 00140227	(EEI numbur if annliach	Lat	
3/3/2023	Date of Incorporation)	5	(Date of duration, if other tha	in perpetual)	_
	oute of meorporation,				
10/30/2024	ucted affairs in Florida if prior to re	gistration See sections 61	7.1501 & 617.1502. F.S. to dei	termine penalty liai	hility.)
	•	5-2-1-1		,	,
905 Snady Tre	ee Lane, Knoxville TN 37922	Principal office street a	(dross)		
	,	remeipar office server as	1010337		
1400 Liberty S	treet, Knoxville TN 37909				_
	(Cu	rrent mailing address, if	different)		
th:	at will provide food assistance to i	ndividuals affected by di	sasters in the state of Florida	2024 NOV -6 PH 12: 2	
Non-profit ""	at will provide food assistance to i corporation authorized in home sta		dout in the state of Clarida		
Purpose(s) of	corporation authorized in nome sta	ate or country to be carri	ed out in the state of Florida)	2	- 0.
Name and str	eet address of Florida registere	d agent: (P.O. Box <u>NC</u>	OT acceptable)	- 6	
					50
	Corporation Service Company		 .	_ Bo 5	
fice Address:	1201 Hays Street			2: 2	
	Tallahassee (City)	Florid	32031	F	
	(City)		(Zip Code)	_	
	l agent's acceptance: imed as registered agent and to	o accent service of pro	cess for the above stated c	ornoration at the	e nlac
signated in th	is application. I hereby accept	t the appointment as r	egistered agent and agree t	to act in this cap	vacity.
ther agree to d I am famili	comply with the provisions of ar with and accept the obligat	' all statutes relative to ions of my position as) the proper and complete j revistered avent.	performance of t	my di
<i>j</i>	Corporation Service Compar				
	Corporation Service Compar	i.y			
		shauna God			

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

A. DIRECTOR				
□Chairman	Name:	□ Chairman		Adrienne Webster
□Vice Chairman	905 Shady Tree Lane Address:	□Vice Chairman	Address:	905 Shady Tree Lane
□Director	Knoxville, TN 37922	□Director		Knoxville, TN 37922
■ President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	☐ Secretary		□T reasurer
□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
□ 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
□Other:	☐ Other:	□Other:		Other:
Non-indexed indi	1 Notice: Use an attachment to report more that viduals may be added to the index when filing <i>Gassin Torou</i>	your Florida Department c	of State An	nual Report form.
	(Signature of Chairman, Vice Chairman, or ar	y officer listed in number	12 of the a	pplication)
14. Yassin Teroi	(Typed or printed name and capacity	of person signing applicat	ion)	0;1:



Division of Business Services Department of State

State of Tennessee 312 Rosa L. Parks AVE. 6th FL Nashville, TN 37243-1102

AMY POOLE

November 4, 2024

AMY POOLE 251 LITTLE FALLS DR WILMINGTON, DE 19808

Request Type: Certificate of Existence/Authorization

Issuance Date: 11/04/2024

Request #:

0609841

Copies Requested:

Document Receipt

Receipt #: 009321009

Filing Fee:

\$20.00

Payment-Credit Card - State Payment Center - CC #: 3885240569

\$20,00

Regarding:

Seeds & Bridges, Inc.

Filing Type:

Nonprofit Corporation - Domestic

Control #:

1402271

Formation/Qualification Date: 03/03/2023

Date Formed:

03/03/2023

Status:

Active

Formation Locale: TENNESSEE

Duration Term:

Perpetual

Inactive Date:

Business County: KNOX COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Seeds & Bridges, Inc.

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User

Verification #: 070871324