

F24000006203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

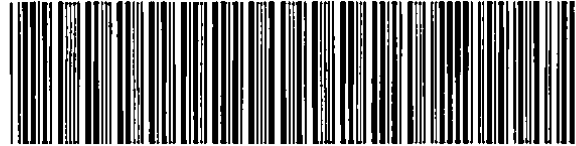
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Certificates of Status _____

Special Instructions to Filing Officer:

224-158968 Name

Office Use Only



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APPROVED
AND
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2024 DEC -4 PM 2:24
CLERK OF STATE
MILWAUKEE, WI

RECEIVED
2024 DEC -4 PM 2:27
FILED
MILWAUKEE, WI

DEC 09 2024
K. Brumbley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 4, 2024

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: SURVIVOR VENTURES, INC.
Ref. Number: W24000158968

We have received your document for SURVIVOR VENTURES, INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 124A00026243

Please keep original filing date
Thank you

2024 DEC -6 PM 1:49
STATE OF FLORIDA
DIVISION OF CORPORATIONS

RECEIVED

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12/4/2024

NAME: SURVIVOR VENTURES INC.

TYPE OF FILING: APPLICATION

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Survivor Ventures, Inc.

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:

Tiffany McGee

Name of Person

Survivor Ventures, Inc.

Firm/Company

5021 W. Longfellow Avenue

Address

Tampa, FL 33629

City/State and Zip Code

tiffany@survivorventures.org

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

For further information concerning this matter, please call:

Tiffany McGee

at (614) 565-6706

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$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:

1. Survivor Ventures, Inc.
(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.)

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

2. Virginia 3. 83-2401527
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 15, 2018 5.
(Date of Incorporation) (Date of duration, if other than perpetual)

6.
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 5021 W. Longfellow Avenue Tampa FL 33629
(Principal office street address)

(Current mailing address, if different)

8. A charitable 501(c)(3) organization Survivor Ventures provides support and resources to trafficking survivors.
(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: Tiffany McGee

Office Address: 5021 W. Longfellow Ave

Tampa

(City)

Florida 33629

(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)

1. 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.

2024 DEC - 6 PM 2:24

APPROVED
AND
FILED

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

A. DIRECTORS

☐ Chairman Name: Tiffany McGee
☐ Vice Chairman Address: 5021 W. Longfellow Avenue
☐ Director Tampa, FL 33629
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Tara Jones
☐ Vice Chairman Address: 259 Granby Street
☐ Director Suite 250
☐ President Norfolk VA 23510
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

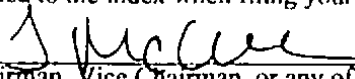
☐ Chairman Name: Courtney Sessoms
☐ Vice Chairman Address: 259 Granby Street
☐ Director Suite 250
☐ President Norfolk, VA 23510
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Tyler Carrell
☐ Vice Chairman Address: 259 Granby Street
☐ Director Suite 250
☐ President Norfolk, VA 23510
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Patrick McGee
☐ Vice Chairman Address: 5021 W. Longfellow Ave
☒ Director Tampa, FL 33629
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Ayanna Khan
☐ Vice Chairman Address: 112 S. French St.
☒ Director Wilmington DE 19801
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

3. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

4. Tiffany McGee, President
(Typed or printed name and capacity of person signing application)

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That Survivor Ventures, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on October 15, 2018;

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 Sealed at Richmond on this Date:

December 3, 2024

A handwritten signature in black ink, appearing to read "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission