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COVER LETTER

TO:	Registration Section Division of Corporations						
CLIDI	ECT: Open Arms Worldwide Inc.						
Name of Corporation – must include suffix							
Dear S	Sir or Madam:						
Affair	nclosed "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 it the above referenced not for profit corporation to conduct its affairs in Florida.						
Please	return all correspondence concerning this matter to the following:						
	Michael J Meyers						
	Name of Person						
	Open Arms Worldwide Inc						
	Firm/Company						
	17093 Luminous Ave						
	Address						
	Venice, FL 34292						
	City/State and Zip Code						
	mmeyers@openarmsworldwide.org						
	E-mail address: (to be used for future annual report notification)						
For fu	rther information concerning this matter, please call:						
Micha	tel Meyers 571 267-8062 at ()						
	Name of Person Area Code Daytime Telephone Number						
	Mailing Address: Registration Section Division of Corporation. Street Address: Registration Section Division of Corporations						
	P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 PRECEIVED Tallahassee, FL 32314 PRECEIVED						
	Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 NOV 18 2024						
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE 0.00 Filing Fee						

No \$

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:

L. Open Arms V				
import in langu	age as will clearly indicate that it i	CORPORATED" or "CORPORATION" or words or ab is a corporation instead of a natural person or partnership not be used as a corporate suffix by a nonprofit corporat	p if not so contained	l
(If name unav	ailable in Florida, enter alternate c	orporate name adopted for the purpose of transacting bu	siness in Florida)	
2. Virginia				
2. (State or cou	ntry under the law of which it is in	3. (FEI number, if applicable	·)	
•	•	-		
4	Date of Incorporation)	5. (Date of duration, if other than	perpetual)	
6		gistration. See sections 617.1501 & 617.1502, F.S. to dete.		
(Date first conc	lucted affairs in Florida if prior to re	gistration. See sections 617.1501 & 617.1502, F.S. to deter	rmine penalty liabilit	y .)
7 17093 Lumino	ous Ave Venice, FL 34292			
·		(Principal office street address)		
1010R Edward	ls Ferry Rd NE #1039 Leesburg, V	/A 20176		
	(Cu	rrent mailing address, if different)		
8. Fundraising			.i. 28	
(Purpose(s) of	corporation authorized in home st	ate or country to be carried out in the state of Florida)		·=
0. None and or	and address of Clasida registers	d agent: (P.O. Box <u>NOT</u> acceptable)	2024 NOV 18	7
9. Name and <u>su</u>	eet address of Florida registere	a agent. (F.O. Box NOT acceptable)		
Name:	Michael J Meyers		PH \$857	171
	17093 Luminous Ave		- FS	
01110011001000	Venice	, Florida 34292 (Zip Code)	1 2: 30 STATE	
	(City)	(Zip Code)	- (1)	
10 10 104	A A3 A			
Having been no	d agent's acceptance: amed as registered agent and t	o accept service of process for the above stated co	rporation at the pl	lace
designated in the	his anniication. I hereby accen	t the appointment as registered agent and agree to f all statutes relative to the proper and complete pe	act in this capaci	ity. I
and I am famili	iar with and accept the obligat	ions of my position as registered agent.	nyonmanee oy my	
		M		
		(Registered agent's signature)		
	(X	6.1.	.•
the Departr	a certificate of existence duly ment of State, by the Secretary a under the law of which it is in	authenticated, not more than 90 days prior to delive of State or other official having custody of corporated.	ery of this applicat te records in the	ion to

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

A. DIRECTOR			I Dula cula
□Chairman	Michael Meyers Name:	□ Chairman	Name:
□Vice Chairman	Address: 17093 Luminous Ave	□ Vice Chairman	5605 Pleasant Valley Rd Address:
□Director	Venice, FL 34292	Director	Centreville, VA 20120
President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	☐ Secretary	Treasurer
□Other:	☐ Other:	□Other:	□Other:
■ Chairman	Paul Lastova	□Chairman	William Patience
□Vice Chairman	Address: 2 Halifax Ct	□Vice Chairman	Address: 8 Wren Ct
□Director	Sterling, VA 20165	Director	Sterling, VA 20164
□President		□President	
□Vice President		□Vice President	
□Secretary	☐Treasurer	Secretary	□Treasurer
□Other:	Other:	Other:	Other:
☐ Chairman	Jason VanDorsten Name:	☐ Chairman	Courtney Cassada
■Vice Chairman	Address: 126 Victoria Pl	□Vice Chairman	Address: 41581 Hepatica Ct
Director	Sterling, VA 20165	☐ Director	Ashburn, VA 20148
□President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	Secretary	□Treasurer
Other:	Other:	Exec Ass ☐Other:	
	nt Notice: Use an attachment to report more than viduals may be added to the index when filing you (Signature of Chairman, Vice Chairman, or any	our Florida Department o	of State Annual Report form.
	(Typed or printed name and capacity of	person signing applicat	ion)

Commonwealth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That Open Arms Worldwide is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on October 18, 2010;

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:

August 28, 2024

Bernard J. Logan, Clerk of the Commission