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(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number)				
Certified Copies	_ Certificates	of Status			
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COVER LETTER

_	istration Section rision of Corporations		
4111 ID 67	The Leonine Forum, Inc.		
SUBJECT	Name of Corporation	n – must include suffix	
Dear Sir or	Madam:		
Affairs in Fl	d "Application by Foreign Not for Profit of lorida", "Certificate of Existence", or "Ce above referenced not for profit corporation	rtificate of Status" and che	ck are submitted to
Please return	n all correspondence concerning this matt	er to the following:	
	Mitchell Boersma		
	Name of	Person	 -
	The Leonine Forum, Inc.		
	Firm/Co	mpany	
	1501 K Sstreet NW Ste 175		
	Add	ress	
	Washington, DC 20005		
	City/State an	d Zip Code	
	Tking@compassusadvisors.com		
	E-mail address: (to be used for fu	iture annual report notifica	ution)
For further i	nformation concerning this matter, please	e call:	
Tina King	at (221-6003	
		Area Code Daytime Tel	ephone 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 323	03
	a check for the following amount: check payable to: FLORIDA DEPARTMEN iling Fee S78.75 Filing Fee & Certificate of Status	NT OF STATE \$78.75 Filing Fee & Certified Copy	■\$87.50 Filing Fee. Certificate of Status &

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:

The Leonine		RPORATED" o	"CORPORATION" or words or abbr	eviations of like
import in langu in the name at a	oration: must include the word "INCOR lage as will clearly indicate that it is a c present. "Company" or "Co." may not b	orporation instead	ad of a natural person or partnership i	if not so contained on.)
			· · · · · · · · · · · · · · · · · · ·	,
(If name unav	ailable in Florida, enter alternate corpo	rate name adop	ted for the purpose of transacting busi	ness in Florida)
Delaware	entry under the law of which it is incorp	3,_82-09	32756	
03/24/2017	Date of Incorporation)	5	/D 41 1 14 1	
(1	Date of incorporation)		(Date of duration, if other than p	erpetual)
	lucted affairs in Florida if prior to registra			
(Date first cond	lucted affairs in Florida if prior to registra	ation. See sectio	ns 617.1501 & 617.1502, F.S. to detern	nine penalty liability
1501 K Street	, NW Ste 175, Washington, DC 20005			
	(Prin	cipal office str	et address)	
	//Current	mailing addra	ss, il different)	
	Content	maning addres	ss, if different)	
To suppose in t	Charitable advantional and/or religious		d	a ta aghirrar a Cah-
Durpose(s) of	Charitable, educational and/or religious corporation authorized in home state of	r country to be	garried out in the state of Clorida	e teachings of the
(r urpose(s) or	corporation audionized in nome state of	r country to be	carries out in the state of Florida)	
. Name and str	eet address of Florida registered ag	ent: (P.O. Bo	(NOT acceptable)	
Name:	InCorp Services, Inc			
Office Address:	3458 Lakeshore Drive			
	Tallahassec	, F	orida ³²³¹²	
	(City)	, .	(Zip Code)	
	(City)		(Mily 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.

Heather Glenn on behalf of InCorp Services, Inc.
(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.

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

.

A. DIRECTOF □Chairman	RS Mitchell Boersma Name:	□Chairman	Joseph Lane Name:
□Vice Chairman	Address: 1501 K Street NW Ste 175	□Vice Chairman	Address:1501 K Street NW Ste 175
□Director	Washington, DC 20005	□Director	Washington, DC 20005
■President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	≅ Secretary	□Treasurer
Other:	Other:	□Other:	□Other:
□Chairman □Vice Chairman ■Director	Name: Mitchell Boersma 1501 K Street NW Ste 175 Washington, DC 20005	□Chairman □Vice Chairman ■Director	Name: Leonard Leo 1501 K Street NW Ste 175 Address: Washington, DC 20005
□President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	☐ Secretary	□Treasurer
Other:	Other:	□Other:	Other:
	□Treasurer		☐Treasurer ☐Other:will be imaged for reporting purposes only.
13. M. # 6-	•	•	·
14. Mitchell Boo	ersma (Typed or printed name and capacity)	of person signing applicat	ion)

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "THE LEONINE FORUM, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF DECEMBER, A.D.

2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

Authentication: 205181683

Date: 12-19-24