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	page. Doing so will generate another cover sheet.	2819 SEC ALL
To:	Division of Corporations	SVHVS VICUS 130
	Fax Number : (850)617-6381	25 Z
From:	_	And the second
	Account Name : VCORP SERVICES, LLC Account Number : 12008000067	S

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

: (845)818-3588

Email Address: State notices @ veorpseries com

Phone : (845)425-0077

Fax Number

## DOMESTICATION State of Women Institute

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$128.75

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Help

## NOT FOR PROFIT CERTIFICATE OF DOMESTICATION

The	e undersigned, Anupama Bhardwaj	President		
	(Name) State of Women Institute	•	Fitle) eign Corporation	
in a	(Corporation Name) accordance with section 617.1803, Florida Statutes, does	hereby certify:		
1.	The date on which corporation was first formed was Ja	nuary 4		
2.	The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was California			
3.	The name of the corporation immediately prior to the filing of this Certificate of Domestication was State of Women Institute			
4.	The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 617.01201 and 617.0202 with this certificate is State of Women Institute, Inc.			
5.	The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was California			
6.	Attached are Florida articles of incorporation to complet to s. 617.1803.	e the domestication requ	irements pursuant	
I ar	n Anupama Bhardwaj , of State of Women Institut	e, Inc.	<del></del>	
and	am authorized to sign this Certificate of Domestication of	on behalf of the corporat	ion and have donc	
<b>50</b> 1	this the 25 day of October		2019	
	Arupama Bhardway			
	(Authorized Signatu	re)	2019 OCT SECRETA	
	Filing Fee: Certificate of Domestication Articles of Incorporation and Certifie Total to domesticate and file	\$50.00 d Copy \$78.75 \$128.75	T 25 AH B. 3	

## ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S. (Not for Profit)

ARTICLE I NAME  The name of the corporation shall be:	
State of Women Institute, Inc.	
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address shall be Principal Address	: Mailing Address
18560 SE Wood Haven Lane, Apt H	18560 SE Wood Haven Lane, Apt H
Tequesta, Florida 33469	Tequesta, Florida 33469
ARTICLE III PURPOSE  The purpose for which the corporation is organized:  To create a voice for women and girls who are curr	ently marginalized and underrepresented and to
make all form of content (audio, video, print, digital,	online and offline) produced and broad casted by
women and girls around the world accessible, both j	paid and free of charge, across any and all radio
video, online, and news streaming services (live	and/or static).
	•

ARTICLE IV MANNER OF ELECTION	tara di
The manner in which the directors are elected or appo	
The directors shall elect new di	rectors at each annual meeting
of the Board of Directors.	
	· · · · · · · · · · · · · · · · · · ·
ARTICLE V INITIAL DIRECTORS AND/	OD OFFICEDS
The name(s) and address(es) and specific title(s):	CA OFFICERS
Title/Name	Title/Name
Anupama Bhardwaj, President, Director	Rachel Payne, Director
18560 SE Wood Haven Lane, Apt H	19 Blue Heron Lane
Tequesta, Florida 33469	Aliso Viejo, CA 92656
Title/Name	Title/Name
Erika Malia Brechtel, Secretary, Director	Patrice Strong, Treasurer, Director
528 Palisades Drive, #119	10720 W Indian School Road, #19-108
Pacific Palisades, CA 90272	Phoenix, AZ 85037
Title/Name	Title/Name

The name and Florida street address (P.O. Box NOT accept	
Vcorp Services, LLC	
5011 South State Road 7, Suite 106	
Davie, FL 33314	
ARTICLE VII INCORPORATOR  The name and address of the incorporator is:	
Anupama Bhardwaj	
18560 SE Wood Haven Lane, Apt H	
Tequesta, FL 33469	
**************	***
Having been named as registered agent and to accept service of process	for the above stated corporation at the place designated
In this certificate, I am famillar with and accept the appointment as regis	stered agent and agree to act in this capacity.
Sign of the Alexander	10/25/19
Signature/Registered Agent Anapama Chandra	Date
	10 / 25 / 2019
Signature/Incorporator	Date