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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:

DOMESTICATION

Love Without Boundaries Foundation Inc.

Certificate of Status	0
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Estimated Charge	\$120.00

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T. SCOTT

AUG 1 2 2022

NOT FOR PROFIT CERTIFICATE OF DOMESTICATION

The u	undersigned. Amy Eldridge	Chief Executiv	e Officer	
	(Name) ve Without Boundaries Foundation	a	(Title) foreign Corporation	
in acc	(Corporation Name) cordance with section 617.1803, Florida Statutes, c	does hereby certify:		
i. T	he date on which corporation was first formed was	S August 26	, 2003	
	the jurisdiction where the above named corporation tame into being was Oklahoma	n was first formed, incom	oorated, or otherwise	
	The name of the corporation immediately prior to the filing of this Certificate of Domestication was Love Without Boundaries Foundation			
	The name of the corporation, as set forth in its articles $\frac{L}{L}$	•	•	
ac in	The jurisdiction that constituted the seat, siege social dministration of the corporation, or any other equivalently before the filing of the Certificate of Doklahoma	valent jurisdiction under		
	attached are Florida articles of incorporation to con s. 617.1803.	nplete the domestication	requirements pursuant	
lam_	CEO , of Love Without Bound	daries Foundation		
and a	m authorized to sign this Certificate of Domestical	tion on behalf of the corp	oration and have done	
so thi	is the Oday of August		2022	
	Amy Eldnof	C	7022 2007	
	(Authorized Sig	gnature)	L SIGN	
	Filing Fe Certificate of Domestication	·e: \$50.0	11 AM 9: 30 11 AM 9: 30 RANCHISING RANCHISING RANCHISING RANCEE, FLORIDA HASSEE, FLORIDA	

ARTICLES OF INCORPORATION

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

<i>ARTIC</i>	LE I	NAME

The name of the corporation shall be:

Love Without Boundaries Foundation

The principal place of business/mailing address sha Principal Address 7001 4th C+ N	all be: Mailing Addi 7901 4th St N	ress	
7901 4th St N			
STE 300	STE 8144		
St. Petersburg FL 33702	St. Petersburg FL 33702		
ARTICLE III PURPOSE The purpose for which the corporation is organized.	ed:		
Provide healing, education, and re		nildren wo	rldwide
			
	4		
		D).	202
		401S104 401S104	2 AUG
		ALLAHASS	2022 AUG 1
		ALLAHASSEE. FI	Z AUG I AM
		R VID SING PORA: FLOS	- \ A± 1 9:
		ALL ATTASSEE. FLORIDA	- I

ARTICLE IV MANNER OF ELECTION	
The manner in which the directors are elected or a	appointed:
As stated in the bylaws	
ARTICLE V INITIAL DIRECTORS AN	D/OR OFFICERS
The name(s) and address(cs) and specific title(s)):
Title/Name	Title/Name
Amy Eldridge, CEO	Sheri Russon, CFO
7901 4th St N STE 300	7901 4th St N STE 300
St. Petersburg FL 33702	St. Petersburg FL 33702
l'itle/Name	Title/Name
Fitle/Name	Title/Name

·

	EENT AND STREET ADDRESS
The <u>name and Florida street address</u> (P.O. Box N	OT acceptable) of the registered agent is:
Northwest Registered Agent LLC	
7901 4th St N STE 300	
St. Petersburg FL 33702	
ARTICLE VII INCORPORATOR The name and address of the incorporator is:	
Morgan Noble	
7901 4th St N STE 300	
St. Petersburg FL 33702	
**********	******************
in this certificate. I am familiar with and accept the appointn	of process for the above stated corporation at the place designated
Ton (Thee	
Signature/Registered Agent	8/9/2022
Signature/ Registered Agent	Date
- Joseph Haller	8/9/2022
Signature/Incorporator	Date