

N94 000001913

STATEMENT OF FACT AFFIDAVIT

800432260288

STATE OF CALIFORNIA

COUNTY OF LOS ANGELES

BEFORE ME, the undersigned Notary Public, personally appeared Thomas A. Miklusak, MD ("Affiant") who, being first duly sworn, says on oath as follows:

1. That Affiant is domiciled in and a resident of the State of California, with a mailing address of 715 Forest Green Drive, La Canada Flintridge, California 91011.

2. Since February 24, 2016, Affiant has been fraudulently listed as a "Director" for:

(a) The Wildflower Society, Inc., a Florida not for profit corporation, assigned document number: N94000001913.

(b) Worldlife, Inc., a Florida not for profit corporation, assigned document number: 770953.

3. Affiant is not—nor has ever been—an employee, officer, director or otherwise affiliated in any capacity with either Corporation.

4. Affiant has never agreed to have Affiant's name listed on the public filings of either Corporation.

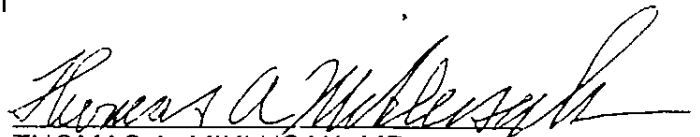
5. Neither Corporation is not authorized to file any documents with the Florida Secretary of State or any other entity or agency on Affiant's behalf or listing Affiant as a director of either Corporation.

6. Since February 24, 2016, each filing listing Affiant as a Director for both Corporations were done without approval from Affiant, and constitute fraudulent filings.

7. Affiant requests that (i) the unauthorized annual reports listing him as a director be **voided**, (ii) the information for each Corporation's account be corrected to remove Affiant as a director, and (iii) the Florida Secretary of State not accept future filings for The Wildflower Society, Inc. or Worldlife, Inc. listing Affiant as a Director.

8. This Affidavit is made for the purpose of clarifying the proper officers and directors of the Corporations, to confirm that Affiant has no authority or responsibility for either Corporation, and ensure the accuracy of public filings by the Florida Secretary of State.

FURTHER AFFIANT SAYETH NAUGHT

  
THOMAS A. MIKLUSAK, MD

"Affiant"

STATE OF CALIFORNIA

COUNTY OF LOS ANGELES

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this \_\_\_\_ day of June, 2024, by Thomas A. Miklusak, MD, an individual, who is: personally known ☐ OR Produced Identification \_\_\_\_\_

\_\_\_\_\_  
(Signature of Notary)

\_\_\_\_\_  
(PrintName of Notary)

**See Attached**

My Commission expires: \_\_\_\_\_

(SEAL)

# CALIFORNIA ALL-PURPOSE CERTIFICATE OF ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California }

County of LOS ANGELES }

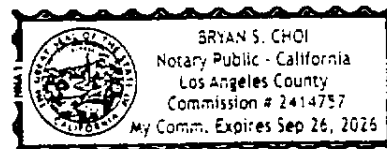
On JUN 29 2024 before me, BRYAN S CHOI, NOTARY PUBLIC  
(Here insert name and title of the officer)

personally appeared Thomas A Miklusale  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

B Choi  
Notary Public Signature (Notary Public Seal)



## ADDITIONAL OPTIONAL INFORMATION

### DESCRIPTION OF THE ATTACHED DOCUMENT

Statement of Fact Affidavit  
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages 2 Document Date 06/29/24

### CAPACITY CLAIMED BY THE SIGNER

- ☐ Individual (s)  
☐ Corporate Officer

(Title)

- ☐ Partner(s)  
☐ Attorney-in-Fact  
☐ Trustee(s)  
☐ Other \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THIS FORM

*This form complies with current California statutes regarding notary wording and, if needed, should be completed and attached to the document. Acknowledgments from other states may be completed for documents being sent to that state so long as the wording does not require the California notary to violate California notary law.*

- State and County information must be the State and County where the document signer(s) personally appeared before the notary public for acknowledgment.
- Date of notarization must be the date that the signer(s) personally appeared which must also be the same date the acknowledgment is completed.
- The notary public must print his or her name as it appears within his or her commission followed by a comma and then your title (notary public).
- Print the name(s) of document signer(s) who personally appear at the time of notarization.
- Indicate the correct singular or plural forms by crossing off incorrect forms (i.e. he/she/they, is/are) or circling the correct forms. Failure to correctly indicate this information may lead to rejection of document recording.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different acknowledgment form.
- Signature of the notary public must match the signature on file with the office of the county clerk.
  - ❖ Additional information is not required but could help to ensure this acknowledgment is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
  - ❖ Indicate the capacity claimed by the signer. If the claimed capacity is a corporate officer, indicate the title (i.e. CEO, CFO, Secretary).
- Securely attach this document to the signed document with a staple.