

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:

1. Stripes Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
Florida Stripes Inc.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Maryland 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/16/2016 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 11502 Canterbury Ct, Bowie, MD 20721
(Principal office street address)

16326 SW 16th Street, Pembroke Pines, FL 33027
(Current mailing address, if different)


8. Promote health awareness in medically under-served communities via education, health screenings, and fitness programs
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Kia Buchanan
Office Address: 16326 SW 16th Street
Pembroke Pines, Florida 33027
(City) (Zip Code)

20160716 14:00

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.


(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. DIRECTORS

Kia Buchanan

Chairman Name: _____
16326 SW 16th St

Vice Chairman Address: _____
Pembroke Pines, FL 33027

Director _____

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Lamere Buchanan

Chairman Name: _____
16326 SW 16th St

Vice Chairman Address: _____
Pembroke Pines, FL 33027

Director _____

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Shuaib Winters

Chairman Name: _____
5375 Sugarloaf Pkwy

Vice Chairman Address: _____
Apt #: 12105

Director _____
Lawrenceville, GA 30043

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Brittani MaCray-Fleureme

Chairman Name: _____
2470 NW 141st Street

Vice Chairman Address: _____
Opa Locka, FL 33054

Director _____

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Isaiah Coleman

Chairman Name: _____
216 S Street NW

Vice Chairman Address: _____
Washington DC 20001

Director _____

President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

Myesha Buchanan

Chairman Name: _____
417 W Madison Ave

Vice Chairman Address: _____
Magnolia NJ, 08049

Director _____

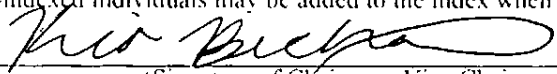
President _____

Vice President _____

Secretary Treasurer

Other: _____ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13.  _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)


14. Kia Buchanan (Full Capacity) _____
(Typed or printed name and capacity of person signing application)

STATE OF MARYLAND
Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT STRIPES INC. (D17498346), INCORPORATED SEPTEMBER 16, 2016, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS NOVEMBER 12, 2020.



Michael L. Higgs
Director



301 West Preston Street, Baltimore, Maryland 21201
Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941
MRS (Maryland Relay Service) (800) 735-2258 TTY/Voice

Online Certificate Authentication Code: **cyiWZ9MXq0e5EiMa7Si7Dw**
To verify the Authentication Code, visit <http://dat.maryland.gov/verify>