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Colorado Secretary of State
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Statement of Foreign Entity Authority

filed pursuant to § 7-90-803 of the Colorado Revised Statutes (C.R.S.)

1. The entity ID number, the entity name, and the true name, if different, are

Entity ID number 20211628240
(Colorado Secretary of State ID number)

Entity name Fostering Connections, Inc.

True name _____
(if different from the entity name)

2. The form of entity and the jurisdiction under the law of which the entity is formed are

Form of entity Foreign Nonprofit Corporation

Jurisdiction Florida

3. The principal office address of the entity's principal office is

Street address 2501 Palm Ave. S#207
(Street number and name)

Miramar FL 33025
(City) (State) (ZIP/Postal Code)

United States
(Province – if applicable) (Country)

Mailing address 310 West 20th Street, Suite 300
(leave blank if same as street address) (Street number and name or Post Office Box information)

c/o Mary Hunt

Kansas City MO 64108
(City) (State) (ZIP/Postal Code)

United States
(Province – if applicable) (Country)

4. The registered agent name and registered agent address of the entity's registered agent are

Name
(if an individual) _____
(Last) (First) (Middle) (Suffix)

or

(if an entity) First Corporate Solutions

(Caution: Do not provide both an individual and an entity name.)

Street address

36 South 18th Avenue

(Street number and name)

Suite 300

Brighton

(City)

CO

(State)

80601

(ZIP Code)

Mailing address

(leave blank if same as street address)

(Street number and name or Post Office Box information)

CO

(State)

(ZIP Code)

(The following statement is adopted by marking the box.)

☒ The person appointed as registered agent above has consented to being so appointed.

5. The date the entity commenced or expects to commence transacting business or conducting activities in Colorado is 07/08/2021.
(mm/dd/yyyy)

6. (If applicable, adopt the following statement by marking the box and include an attachment.)

☐ This document contains additional information as provided by law.

7. (**Caution:** Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are _____.
(mm/dd/yyyy hour:minute am/pm)

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8. The true name and mailing address of the individual causing the document to be delivered for filing are

Hunt

(Last)

Mary

(First)

(Middle)

(Suffix)

310 West 20th Street, Suite 300

(Street number and name or Post Office Box information)

Kansas City

(City)

MO

(State)

64108

(ZIP/Postal Code)

United States

(Province – if applicable)

(Country)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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