APPLICATION FOR AUTHORITY

OF FOREIGN CORPORATION

ENTITY INFORMATION

ENTITY NAME: THIRD CHILD, INC. OF ARIZONA

ENTITY ID: 23708871

ENTITY TYPE: Foreign Nonprofit Corporation

FOREIGN DOMICILE STATE: 07/25/2024
Pennsylvania
DATE OF FORMATION IN FOREIGN 04/02/2013

DOMICILE:

DURATION: Perpetual

TRUE NAME IN FOREIGN DOMICILE: Third Child, Inc. of Arizona

PURPOSE:

CHARACTER OF BUSINESS: Educational Services

AUTHORIZED SHARES:

ISSUED SHARES:

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME: Northwest Registered Agent LLC

PHYSICAL ADDRESS: Attn: Northwest Registered Agent LLC, 1846 E Innovation

Park Dr., Suite 100, ORO VALLEY, AZ 85755

MAILING ADDRESS: Attn: Northwest Registered Agent LLC, 1846 E Innovation

Park Dr., Suite 100, ORO VALLEY, AZ 85755

KNOWN PLACE OF BUSINESS

4344 West Charter Oak Rd., GLENDALE, AZ 85304

PRINCIPAL OFFICE ADDRESS

Att: Northwest Registered Agent LLC, 502 W. 7th St., Suite 100, ERIE, PA 16502

PRINCIPAL INFORMATION

Director: Twila Simmons-Walker - 4344 West Charter Oak Rd., GLENDALE, AZ, 85304, USA - - Date of Taking Office:

President/CEO: Twila Simmons-Walker - 4344 West Charter Oak Rd., GLENDALE, AZ, 85304, USA - - Date of Taking Office:

SIGNATURE

President/CEO: Twila Simmons-Walker - 08/15/2024

of State

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding: Third Child, Inc.

Request Type: Subsistence Certificate Issuance Date: June 14, 2024

Request No.: 037754334 **File No.:** 0004177634

Receipt No.: 001094867

Filing Type: Domestic Nonprofit Corporation

Filing Subtype: Nonprofit Corporation

Initial Filing Date: April 02, 2013

Status: Active

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Third Child, Inc.

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

Albert Schmidt

Secretary of the Commonwealth

Men Schow

Verify this certificate online at www.file.dos.pa.gov

Clear Form

Print Form

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

STATUTORY AGENT ACCEPTANCE

Please read Instructions M002i

	r reuse reuu	Instructions <u>Woozr</u>	
Statut statut	ENTITY NAME – give the exact name in Arizona of the corporation or LLC that has appointed the Statutory Agent (this must match exactly the name as listed on the document appointing the statutory agent, e.g., Articles of Organization or Articles of Incorporation): Third Child, Inc. of Arizona Corporation		
entity must statut	STATUTORY AGENT NAME – give the exact name of the Statutory Agent appointed by the entity listed in number 1 above (this will be <i>either</i> an individual or an entity). <i>NOTE</i> - the name must match exactly the statutory agent name as listed in the document that appoints the statutory agent (e.g. Articles of Incorporation or Articles of Organization), including any middle initial or suffix:		
3. STATU	JTORY AGENT SIGNATURE:		
accep ackno	By the signature appearing below, the individual or entity named in number 2 above accepts the appointment as statutory agent for the entity named in number 1 above, and acknowledges that the appointment is effective until the appointing entity replaces the statutory agent or the statutory agent resigns, whichever occurs first.		
conta	The person signing below declares and certifies <i>under penalty of perjury</i> that the information contained within this document together with any attachments is true and correct, and is submitted in compliance with Arizona law.		
_	- ^ /		
Jayl	or / Jewan	00/14/0004	
Signature	Printed N	08/14/2024 lame Date	
REQUIRED	- check only one :		
signir	idual as statutory agent: I am ng on behalf of myself as the individual ral person) named as statutory agent.	Entity as statutory agent: I am signing on behalf of the entity named as statutory agent, and I am authorized to act for that entity.	
ı	expedited services are available for an additional fee	- see Instructions or Cover sheet for prices.	
	none (regular processing)	Mail: Arizona Corporation Commission - Examination Section	
	nonrefundable - see Instructions.	1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100	
Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain			

Please be advised that A.C.C. forms reflect only the **minimum** provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business. All documents filed with the Arizona Corporation Commission are **public record** and are open for public inspection. If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.

COMMONWEALTH OF PENNSYLVANIA

PERCENTAGE OF CARTES OF STATE CORPORATION FURNAL

DEPARTMENT OF STATE

APRIL 15, 2013

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

Third Child, Inc.

I, Carol Aichele, Secretary of the Commonwealth of Pennsylvania
do hereby certify that the foregoing and annexed is a true and correct
copy of

1 ARTICLES OF INCORPORATION-NON-PROFIT filed on April 2, 2013 which appear of record in this department.

2. Thu (a) address of this composition's correct registered office in this Commonweith or (b) minus of its



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Commonwealth of Pannsylvinia
ARTICLES OF INCORPORATION HOW-PROFIT & Pro-

IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

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Secretary of the Commonwealth

Certification Number: 10998919-1

Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp