

FD900003777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

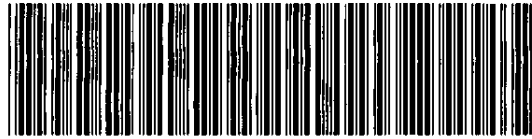
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

9/23



800160812698

09/21/09--01038--012 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP 21 PM 2:46

APPROVED
AND
FILED



September 18, 2009

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Dear Sir or Madam,

Per your instructions, attached is our completed application, check for \$78.75 and Certificate of Good Standing from the State of Oklahoma. We wanted to point out that these certificates may only be obtained electronically from the State, and as such appear to be a facsimile copy, but in fact is an image printed per the electronic order. We have included the documentation regarding the electronic filing.

Please feel free to call us if you have any further questions.

Yours truly,

Annette Johnson
Vice President/Secretary

Enclosures

P.O. Box 626 Franklin, TN 37065
p. 615-468-8048 f. 866-531-8264 www.legacytreefoundation.org

Partnering today... to impact tomorrow

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LegacyTree Foundation, Incorporated
Name of Corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Good Standing" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

James J. Wolter
Name of Person

LegacyTree Foundation, Incorporated
Firm/Company

P.O. Box 628
Address

Franklin, TN 37065
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James J. Wolter at (615) 468-6048 ext 7012
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount.

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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. Legacy Tree Foundation, Incorporated
(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.)
2. Oklahoma 3. 73-1556664
(State or country under the law of which it is incorporated) (FBI number, if applicable)
4. Feb. 1, 1999 5. perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. n/a
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 1143 Columbia Ave. Ste C-21 Franklin, TN 37064
(Principal office address)
- P.O. Box 626 Franklin, TN 37065
(Current mailing address)

8. To provide funding for humanitarian aid by assisting donor with cash non-cash donations.
(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)

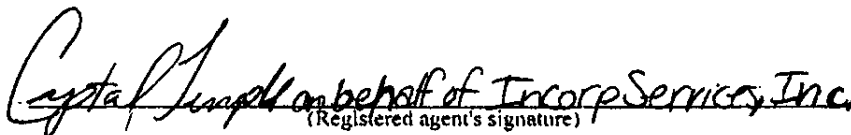
Name: Incorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(City) (Zip Code)

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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP 21 PM 2:46

APPROVED
AND
FILED

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: James J. Wolter

Address: P.O. Box 626 Franklin, TN 37065 (mailing)

1143 Columbia Ave. Suite C-21 Franklin, TN 37064 (street)

Vice Chairman: _____

Address: _____

Director: Annette Johnson

Address: P.O. Box 626 Franklin, TN 37065 (mailing)

1143 Columbia Ave., Suite C-21 Franklin TN 37064 (street)

Director: Nanette Beebe

Address: P.O. Box 626 Franklin, TN 37065 (mailing)

1143 Columbia Ave., Suite C-21 Franklin, TN 37064 (street)

B. OFFICERS

President: James J. Wolter

Address: P.O. Box 626 Franklin, TN 37065

Vice President: N/A

Address: _____

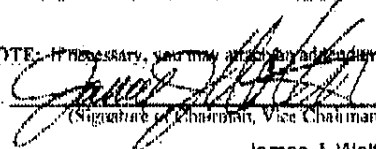
Secretary: Annette Johnson

Address: P.O. Box 626 Franklin, TN 37065

Treasurer: Nanette Beebe

Address: P.O. Box 626 Franklin, TN 37065

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

14. James J. Wolter, President and Chairman
(Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE



**CERTIFICATE OF GOOD STANDING
DOMESTIC NOT FOR PROFIT CORPORATION**

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that LEGACYTREE FOUNDATION whose registered agent is G.J.WOLTER, with its registered office at 7014 S 253RD E AVE BROKEN ARROW 74014 USA Oklahoma is a Domestic Not For Profit Corporation duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 15th day of September, 2009.

M. Susan Savage

Secretary Of State