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COVER LETTER

TO:	gistration Section vision of Corporations							
SUBJ	ECT: 3Mandates Corporation							
0.0130	Name of Corporation – must include suffix							
Dear S	r or Madam:							
Affairs	closed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to the above referenced not for profit corporation to conduct its affairs in Florida.							
Please	return all correspondence concerning this matter to the following:							
	Melody Lankford							
	Name of Person							
	Lankford Law Firm, PA							
	Firm/Company							
	140 South Beach Street							
	Suite 310							
	Address							
	Daytona Beach, FL 32114							
	City/State and Zip Code							
	mlankford@lankfordlawfirm.com							
	E-mail address: (to be used for future annual report notification)							
For fur	her information concerning this matter, please call:							
Melod	* Lankford 850 264-7004 at ()							
	Name of Person Area Code Daytime Telephone Number							
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303							

Enclosed is a check for the following amount:

Please make check payable to: FLORIDA DEPARTMENT OF STATE

\$\Bigsir \text{\$\frac{1}{2}\$} \text{\$\frac{1}{2}\$}

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:

Colorado (State or country under the law of which it is incorporated) 8/06/2013 (Date of Incorporation) 5.	(FEI number, if applicable)	
(Date of Incorporation)		
	(Date of duration, if other than perpe	tual)
N/A		
ate first conducted affairs in Florida if prior to registration. See s	ections 617.1501 & 617.1502, F.S. to determine	penalty liability
112 Waverly Drive, Daytona Beach, FL 32118		
(Principal office	street address)	
(Current mailing a	Idress, if different)	
or charitable, religious, and educational purposes with a urpose(s) of corporation authorized in home state or country to	focus on families, students, and communit	jes
urpose(s) of corporation authorized in home state or country to	5,45	•
ame and street address of Florida registered agent: (P.O.	Box NOT acceptable)	
Name: Lankford Law Firm, PA		in i
te Address: 140 South Beach Street, Suite 310		[]
Daytona Beach	ru · · 32114	_
Daytona Beach (City)	, Florida 32114 (Zip Code)	y .

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. DIRECTOR	RS Jim McCotter		
□Chairman	Name: 1112 Waverly Drive	_ □Chairman	Name:
□Vice Chairman	Address:	_ □Vice Chairman	Address:
■Director	Daytona Beach, FL 32118	_ Director	
■President		_ President	
□Vice President		_ □Vice President	
■ Secretary	■ Treasurer	□Secretary	□Treasurer
Other:	Other:	□Other:	Other:
□Chairman	Name:	Chairman	Name:
□Vice Chairman	Address:	_ □ Vice Chaiπnan	Address:
□Director		_ Director	
□President		_ President	
□Vice President		_ □Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
Other:	Other:	□Other:	□Other:
□Chairman	Name:	_ □Chairman	Name:
□Vice Chairman	Address:	_ □ Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President	4	□ Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
Other:	Other:	□Other:	□Other:
13. <u>Jim W</u>	Notice: Use an attachment to report more the iduals may be added to the index when filing the Cotton Signature of Chairman, Vice Chairman, or a r, President/Director/Secretary/Treasure (Typed or printed name and capacity	g your Florida Department o any officer listed in number er	f State Annual Report form. 12 of the application)

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I. Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

3Mandates

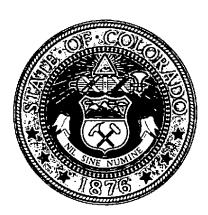
is a

Nonprofit Corporation

formed or registered on 08/06/2013 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20131457973.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/24/2020 that have been posted, and by documents delivered to this office electronically through 02/25/2020 @ 11:31:11 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 02/25/2020 @ 11:31:11 in accordance with applicable law. This certificate is assigned Confirmation Number 12108593



Secretary of State of the State of Colorado

**************End of Certificate****** Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sos.state.co.us.biz/CertificateSearchCriteria.do/entering/the/certificate's