# F04000003576

2034年17日2日46 (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certificates of Status \_\_\_ Certified Copies \_\_\_\_\_ Special Instructions to Filing Officer:

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## TRANSMITTAL LETTER

TRANSMITTA.	L LETTER	2006
TO: Registration Section Division of Corporations		200 JULY 17 P 12: 46
SUBJECT: THE PRO TOUNAAT  (Name of Corporation - n	ion Inc.	
(Name of Corporation – r	nust 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", 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:	
Jathan T	Pinkston	
(Name of Pe	rson)	
PLAY LIEE (Firm/Com	HE YROS	
(Fillir Company)		
812 Russell St., Suite 200		
Coving ton FY 41011 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Testen T.P. inkston at (8 (A	<u> 59 ) 331 - 7529</u> rea Code & Daytime Telepho	ne Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	
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	587.50 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 THE STATE OF FLORIDA: 1. (Name of corporation: must include the word "INCORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN PROFIT CORPORATION TO "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. (State or country under the law of which it is incorporated) 4. (Date offincorporation) 5. (Percet a) (Duration: Year corp. will cease to exist or "perpetual") 6. (Planted to Commence (Principal office address) 7. (Value of Incorporation in First conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.) 8. (Current mailing address) 8. (Position Constitution authorized in home state or country to be carried out in the state of Florida familiary and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

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.

Florida

Office Address: 390

(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. Names and addresses of officers and/or directors: FILED A. DIRECTORS Chairman: Dermontt. Dawson Address: 24 Avenue of Champions Micholasville, KY 40356 Vice Chairman:\_\_ Address: Director: David Pool Address: 100 Todd Street, Apt. #14 Campbellsville, KY 42718 Director: Ionathan Niemeyer Address: 11397 Brittony Woods Lane Cincinnati, OH 45249 B. OFFICERS President: Dermontt. Dawson See Above Vice President: David Poal See Above Address: Jonathan Miemeyer Address: Treasurer: Address: NOTE: If necessary you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Demonti Dawson President
(Typed or printed name and capacity of person signing application) 14.\_



# Trey Grayson Secretary of State

### **Certificate of Existence**

I, Trey Grayson, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records of the Office of the Secretary of State.

## THE PRO FOUNDATION, INC.

is a nonprofit corporation duly organized and existing under KRS Chapter 273, whose date of incorporation is November 12, 2003 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of state have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 273.3671 has been delivered to the Secretary of State.

IN WITNESS THEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 8th day of June, 2004.



Trey Grayson

Secretary of State
Commonwealth of Kentucky

Rlong/0571996 - Certificate ID: 516