F-0500000 6870

| (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: |
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| 685 505 1071 11/29 |
| Office Use Only |
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SECTATE STATE FLORIDA

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TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Harvest Foundation (Cocke County) (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", 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: |
| Mary Ogle (Name of Person) Harvest Foundation / cc (Firm/Company) 7704 40 770 |
| 7704 CR 772 (Address) Webster, Floreda 33597 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Many Ogle at (865) 322 - 1011 (22 (Area Code & Daytime Telephone Number) (352) 429 - 0296 |
| STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399 MAILING ADDRESS: Registration Section Division of Corporations 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 & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy |



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 18, 2005

MARY OGLE 7704 CR 772 WEBSTER, FL 33597

SUBJECT: HARVEST FOUNDATION OF COCKE COUNTY

Ref. Number: W05000047588

We have received your document for HARVEST FOUNDATION OF COCKE COUNTY, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$87.50.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 905A00063304

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APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AZFÁIRS 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. Harvest Foundation of Cocke County Inc. (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" of words or abbreviati import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so | ons of like | | |
|---|-------------|-----------|---|
| import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.) | so containe | d | |
| 2. Lannossa 3. 31-175397/ (State or country under the law of which it is incorporated) (FEI number, if applicable) | | | |
| 4. August 1, 2001 5. persotus! (Date of Incorporation) 5. persotus! (Duration: Year corp. will cease to exist or "per | rpetual") | | |
| 6. Date filst conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine pe | | ity.) | |
| 7. 42/2 Scenie View Drive Cooly, In 37722 | | , | |
| 7704 CR 772, Webster, Fl. 33597 (Current mailing address) | | | |
| | ۲, | 0 | |
| 8. Lo genicle help to people I food Clothes sent aride etc.) (Purpose(s) of corporation authorized in home state of country to be carried out in the state of Florida) | | 05 NOV 28 | |
| 9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) | HO. | | |
| Name: Mary Ogld Office Address: 7704 CR 772 | PLORI | AH 10: | Ü |
| | ₩ | 22 | |
| Webster (City), Florida 33597 (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 fumiliar with and accept the obligations of my position as registered agent.

Mary Ode (Registered Aent'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: A. DIRECTORS **B. OFFICERS** Vice President: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

OGLE TREASURER MARY OGLE
(Typed or printed name and capacity of person signing application)

Secretary of State Division of Business Services 312 Eighth Avenue North 6th Floor, William R. Snodgrass Tower

Nashville, Tennessee 37243

TO: HARVEST FOUNDATION %MARY OGLE 7704 CR 772 WEBSTER, FL 33597

ISSUANCE DATE: 09/16/2005 REQUEST NUMBER: 05252144 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 08/01/2001 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0412052 JURISDICTION: TENNESSEE

REQUESTED BY: HARVEST FOUNDATION %MARY OGLE 7704 CR 772 WEBSTER, FL 33597

CERTIFICATE OF EXISTENCE

I, RILEY C DARNELL, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT "HARVEST FOUNDATION OF COCKE COUNTY"

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE: THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE EXISTENCE OF THE CORPORATION HAVE BEEN PAID: THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ON DATE: 09/16/05

FROM: HARVEST FOUNDATION OF COCKE COUNTY 421-1/2 SCENIC VIEW DR

COSBY, TN 37722-0000

FEES \$20.00 RECEIVED:

\$0.00

TOTAL PAYMENT RECEIVED:

\$20.00

RECEIPT NUMBER: 00003800287 ACCOUNT NUMBER: 00452353



RILEY C. DARNELL SECRETARY OF STATE