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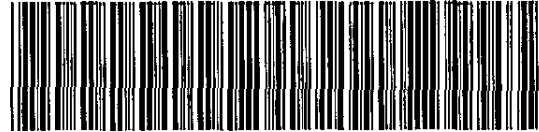
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Harvest Foundation (of Coche 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 CR 772
(Address)

Webster, Florida 33597
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Mary Ogle at (865) 322-1011 or
(Name of Person) (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
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
- \$87.50 Filing Fee, Certificate of Status & 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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TALLAHASSEE, FLORIDA

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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. Harvest Foundation of Coche County, Inc. (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. Tennessee (State or country under the law of which it is incorporated) 3. 31-1753971 (FEI number, if applicable)

4. August 1, 2001 (Date of Incorporation) 5. perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. April 28, 2005 (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 421 1/2 Scenic View Drive, Coche, TN 37722 (Principal office address)

7704 CR 772, Webster, FL 33597 (Current mailing address)

8. To provide help to people (food, clothes, rent, etc.) (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: Mary Ogle

Office Address: 7704 CR 772

Webster, Florida 33597 (City) (Zip Code)

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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.

Mary Ogle (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:

A. DIRECTORS

Chairman: Jeff Ogle

Address: 421 Scenic View Drive
Cosby, TN 37722

Vice Chairman: Charlie Barrett

Address: 1466 Hall's Top Road
Newport, TN 37728

Director: Rick Foust

Address: 257 Old Knoxville Highway
Newport, TN 37728

Director: Linda Ramsey

Address: 1515 Smokey Mountain View Road
Dandridge, TN 37725

B. OFFICERS

President: Jeff Ogle

Address: 421 Scenic View Road
Cosby, TN 37722

Vice President: Charlie Barrett

Address: 1466 Hall's Top Road
Newport, TN 37728

Secretary: Mary Ogle

Address: 7709 CR 772, Webster, FL 33597

Treasurer: Mary Ogle

Address: 7704 CR 772, Webster, FL 33597

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

13. Jeff C. Ogle CHAIRMAN JEFF C. OGLE
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. MARY 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

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

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

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

RECEIVED: FEES \$20.00 \$0.00
TOTAL PAYMENT RECEIVED: \$20.00

RECEIPT NUMBER: 00003800287
ACCOUNT NUMBER: 00452353



Riley C Darnell

RILEY C. DARNELL
SECRETARY OF STATE