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(City/State/Zip/Phone #)

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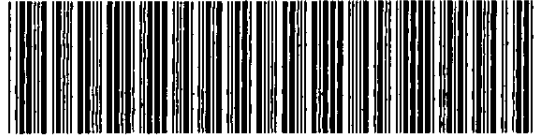
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The First Foundation, a Corporation Sole
(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:

Madelyn Frances Thide, Overseer
(Name of Person)

The First Foundation, a Corporation Sole
(Firm/Company)

C/O 5101 SW 60th St Rd Apt 604

(Address)

Ocala, Florida 34474
(City/State and Zip Code)

For further information concerning this matter, please call:

Madelyn Frances Thide at (352) 304-5026
(Name of Person) *overseer* (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. The First Foundation a Corporation sole
(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. Washington
(State or country under the law of which it is incorporated)
3. _____
(FEI number, if applicable)
4. 3 / 31 / 2004
(Date of Incorporation)
5. perpetual
(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. C/O as below 5101 Sw 60th St Rd Apt 604 Ocala, Florida 34474
(Principal office address)
5101 Sw 60th St Rd Apt 604 Ocala, Florida 34474
(Current mailing address)
8. To assist families fathers mothers children
(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: Madelyn Frances Thide, Overseer
Office Address: C/O 5101 Sw 60th St Rd, Apt 604
Ocala, Florida 34474
(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.

Madelyn Frances Thide, overseer
(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: Overseer: Madelyn Frances Thide

Address: 5101 SW 60th St Rd Apt 604
Ocala, Florida 34474

Vice Chairman: N/A

Address: N/A

Director: N/A

Address: N/A

Director: N/A

Address: N/A

B. OFFICERS

President: N/A

Address: N/A

Vice President: N/A

Address: N/A

Secretary: N/A

Address: N/A

Treasurer: N/A

Address: N/A

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

13. Madelyn Frances Thide, Overseer
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Madelyn Frances Thide, Overseer
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION

OF

OFFICE OF PRESIDING OVERSEER AND HER SUCCESSORS, A CORPORATION SOLE, OVER/FOR THE FIRST FOUNDATION

I FURTHER CERTIFY that the records on file in this office show that the above named Corporation Sole was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 3/31/2004.

I FURTHER CERTIFY that as of the date of this certificate, OFFICE OF PRESIDING OVERSEER AND HER SUCCESSORS, A CORPORATION SOLE, OVER/FOR THE FIRST FOUNDATION remains active and has complied with the filing requirements of this office.

Date: June 9, 2008

UBI: 602-382-774



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State