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SECRETARY OF STATE ALLAHASSEE, FLORIDA

SECRETARY OF STATE STATE OF MONTANA BRAD JOHNSON



Montana State Capitol PO Box 202801 Helena, MT 59620-2801 (406) 444-3665 http://www.sos.mt.gov

MT CORP SERVICES ATTN HELEN FANDRICH PO BOX 1165 E HELENA MT 59635

Date: June 30, 2008

Regarding the following company(s):

EXPATRIATE FOUNDATION CORPORATION

Enclosed please find the following:

Certificate of Existence

I am happy to have been of service.

Diane G. Taylor Customer Service Specialist

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: EXPATRIATE FOUNC	lation Corporation
(Name of corpora	tion - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to transact business in Florida.	
Please return all correspondence concerning this matt	er to the following:
RAND FANDRICH	
	of Person)
EXPATRIATE Foundation	
(Firm/C	Company)
POBOX 7173	
	ldress)
St Petersburg / Florida (City/Stat	33734-7173
(City/Stat	e and Zip code)
For further information concerning this matter, please	e cali:
RAND FANDRICH at (815) (Name of Person) (Are	3,466-9040
(Name of Person) (Are	a Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
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 & \$87.50 Filing Fee, Certified Copy Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 28, 2008

RAND FANDRICH EXPATRIATE FOUNDATION P.O. BOX 7173 ST. PETERSBURG, FL 33734-7173

SUBJECT: EXPATRIATE FOUNDATION CORPORATION

Ref. Number: W08000032318

We have received your document for EXPATRIATE FOUNDATION CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please complete Article(s) 7, principle address (city & state). Are both the principle and mailing address located in the same city?????.

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) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 508A00040241

SEGRETARY OF STATE

FOR A STORY OF STATE

FOR A STATEMENT OF STATEMENT

TO CHARGE WHEN CONTROL OF SHANKE SUCCES

HEOEINE.

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Expatricle Towdation Corporation

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) O4/07/2008
5. Derpetuz (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Do Box 1442 - 407 East-King Street
(Principal office address) Do Box 1165, East Helena, MT 59635-1165 (Current mailing address) None STATED (Education)

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Office Address: Petusbus, Florida 33703 (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 familiar with and accept the obligations of my position as registered agent,

(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 business addresses of officers and/or directors:
A. DIRECTORS
Chairman: TAND MANDY PHD ABD, PAR
Address: Dax 1165
East Holena, MT 59635-1165
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President:
Address:
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
NOTE: 16
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Director or Officer listed in number 12 of the application)
14. RAND FANdrich - Founder AND Executive Director
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE

STATE OF MONTANA

CERTIFICATE OF EXISTENCE

I, BRAD JOHNSON, Secretary of State of the State of Montana, do hereby certify that

EXPATRIATE FOUNDATION CORPORATION

duly filed its Articles of Incorporation in this office on APRIL 7, 2008, and on that date was created a body politic and corporate.

I further certify that all fees reflected in the records of the Secretary of State have been paid by said corporation and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said corporation and my records indicate the corporation is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this **June 30, 2008**.

BRAD JOHNSON

Secretary of State

Certified File Number: D183633

Brud Johnson

