# F09000004075

(Rec	questor's Name)	
•		
(Add	iress)	<del></del>
(Add	iress)	
,	.,	
(0)	(0) 1 17' (0)	
(City	//State/Zip/Phone	<del>9</del> #)
	[ ] \A/A/F	□ MAR
PICK-UP	TIAW	MAIL
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
(200	·ament Namber	
Certified Copies	Certificates	of Status <u>:</u>
Special Instructions to F	iling Officer	
Special instructions to r	iiiig Onicei.	

Office Use Only



100160872481

09/28/09--01030--003 \*\*\*70.00

PILED

2009 OCT 15 AM II: 37

SECRETARY OF STATE
TALLAHASSEE, FLORING

1.00 1.00 007 1.6 2009 J. 47466

#### **COVER LETTER**

TO:	New Filing Section Division of Corpora	tions						
SUBJ	ECT:		n-Aid Mak					
	***************************************	Name of Corpora	tion – must inc	lude suffix	. <del>-</del>			
Dear S	ir or Madam:							
"Certif	closed "Application by icate of Existence", or ' profit corporation to co	'Cerificate of Good !	Standing" and o					
Please	return all corresponden	ce concerning this m	natter to the following	lowing:				
		L	orenzo T. Ha					
			Name of Pe	rson				
		Ler	mon-Aid Mak	cers, Inc.				
			Firm/Comp					
		1	251 Nottowa	ay Trail				
			Address	;		AE(	2009	
		N	farietta, GA	30066		ÀŘ	90	OR THE OWNER OF THE OWNER O
			City/State and Z		<del></del>	ASS		CONTRACT OF STREET
		lah 6	h - 11			ÜÇ	2>	
	E-mail add	ionamp@ Iress: (to be used for	bellsouth.ne future annual r		on)	: Si	<u> </u>	
For fur	ther information conce	•		•	·	ECRETARY OF STATE. LLAHASSEE, FLORIDA	2009 OCT 15 AM 11: 37	
	Lorenzo Ham Name of Pers		( 678 ) Area Code a	773- & Daytime Tele	-1160 ephone Number			
	MAILING ADDRES New Filing Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	ons		STREET/COUNEW Filing Sec Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations ig e Center Circle			
Enclose	ed is a check for the fol	lowing amount:						
<b>/</b> \$70		78.75 Filing Fee & ertificate of Status	\$78.75 F Certified	filing Fee & I Copy	\$87.50 Filing Certificate of S Certified Copy	tatus &		

## 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.	Lemo	n-Aid N	/lakers,	Inc.				
(Name of corpo	oration: must include the word "INCOR lage as will clearly indicate that it is a copresent. "Company" or "Co." may not b	PORATEI	O" or "CORI	PORATIO	N" or words or a	bbreviations	of like	d
in the name at 1	present. "Company" or "Co." may not b	e used as a	corporate su	uffix by a	nonprofit corpora	tion.)	Milanic	u
•		. ,						
2. (State or cou	Georgia intry under the law of which it is incorp	orated)		· (FEI nun	nber, if applicable	eY		
	•							
4	07/21/2004 Date of Incorporation)	5	(Duration:	Year corp.	will cease to exis	st or "pernet	ual")	
								•
6	Not yet lucted affairs in Florida if prior to registra	t, awaitir	ig approv	al	Tros tro	· · · · · · · · · · · · · · · · · · ·	. 1. 2.1.	
(Date first cond	lucted affairs in Florida if prior to registra	tion. See se	ctions 617.12	001 & 617	.1302, F.S, to dete	rmine penai	у навин	ty.)
7.	1251 Nottoway	Trail. M	larietta. G	A 3006	36			
,	(Pr	incipal off	ice address)					
		44	_	54		•		
	21871 Philmont C	Court, Bo	ca Raton	, FL 33	428			
	(0	Current ma	iling address	s)				
	•		í			`		
8.	Organize events to recorporation authorized in home state or	aise moi	ney for m	ultiple c	harities			
(Purpose(s) of	corporation authorized in home state or	country to	be carried o	out in the s	tate of Florida)	رن⊄	2(	,
						F	9	
9. Name and str	eet address of Florida registered age	int: (P.O. )	Box NOT a	icceptable	<b>3)</b>	CAE	2009 OCT 15	. 77
						TAR ASS	_	
Name:	Lorenzo T. Hampton	<u> </u>		•		کہ لینا ہے	Ċ	
		¥13 *	· .				AH =	
Office Address:	21871 Philmont Court	<del></del>	<u>.</u>			<u> </u>		
•		; ,	,			87	63	, marker, /
•	Boca Raton		, Florida 💆	3	3428		37	1
	(City)			•	(Zip Code)	•	, , ,	
10 Pegistered	agent's acceptance:							
Having been na	med as registered agent and to accu	ept service	e of process	s for the d	ibove stated coi	poration a	it the pl	lace
designated in th	is application. I hereby accept the a	appointm	ent as regis	tered åge	nt and agree to	act in this	capaci	itv: I
juriner agree io and I am famili	comply with the provisions of all s ar with and accept the obligations,	of my posi	ition as reg	istered as	inu compiete pe Zent.	rjormunce	: oj my	uuties,
							•	*
		· /						,
	(1) Hay	(			•		•	
	101/1/11.	0		·		<u>.                                    </u>		
	(Reg	istered age	nt's signatur	e)		<del>-</del>		
		•					•	
11. Attached is	a certificate of existence duly author	nticated, n	ot more tha	n 90 day	s prior to delive	ry of this a	pplicat	ion to
the Departm	ent of State, by the Secretary of Sta	te or other	r official ha	ving cust	ody of corporat	e records i	n the	

jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers a	nd/or dir	ectors:								
A. DIRECTORS										
Chairman:				,				·		
Address:					_					
					•					· · · ·
Vice Chairman:	·		·							
Address:										
		<u>.</u>								
Director:										
Address:		<u></u>			, <u>-</u> -					
		,				<u></u>				
Director:										
Address:	,	;		1				300	200	
	ī		·	···			· ·	<b>∑</b> 26	2089 00	
B. OFFICERS					•		,	TAR ASS	T -5	1
President: Lorenzo T. Hampton	• `					` .			A	
Address: 1251 Nottoway Trail	er er							<u> </u>	37	
Marietta, GA 30066			, , , , , , , , , , , , , , , , , , ,		·		. ; 	55	37	
Vice President: Marcia A. Hampton				,				. ·		,
Address: 1251 Nottoway Trail		The Control		<b>.</b>	* .		151			,
Marietta, GA 30066						, ,				
Secretary: John H. Futch, Jr.	• •	** ***	***	;	•				,	•
Address: 1251 Nottoway Trail, Mari	etta, G/	A 30066			•			,		
Freasurer:			,			,				
Address:				45						
	. 2	٠.							,	٠.

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

13.

14.

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Lorenzo T. Hampton

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

Control No. 0447992

## STATE OF GEORGIA

### Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### LEMON-AID MAKERS, INC.

#### **Domestic Non-Profit Corporation**

was formed or was authorized to transact business on 07/21/2004 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 24th day of September, 2009

Faun CHandel

Karen C Handel Secretary of State

Certification Number: 4612179-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp