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| (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SCORETARY OF STATE
TAIL AHASSEF, FLORIDA

COVER LETTER

| | New Filing Se Division of Co | | | |
|-----------|---|--|---|---|
| SUBJE | ст:Т | he Need to F Name of Corporation | eed Inc., n-must include suffix | |
| Dear Sir | or Madam: | | , | |
| "Certific | ate of Existence | on by Foreign Not for Profit ", or "Cerificate of Good Sta n to conduct its affairs in Flo | anding" and check are submitte | to Conduct its Affairs in Florida", d to register the above referenced |
| Please re | eturn all corresp | ondence concerning this mat | ter to the following: | |
| | | Tri | na Soillman Name of Person | |
| | | The | Need to Feed, Firm/Company Farragut St | Inc |
| | | (o716e | Farragut St | reet |
| | | | Address | |
| | 4 E848 E77 | Hollywood | y/State and Zip Code | ्र तक्षापुरस्य (७३५ च्रीता व ्यामा २, ५५४० १० च्रात्के इंग्र मध्य में १५४४ |
| 13) Ø, | | need to feed ail address: (to be used for fi | La Comer T. ne- | - |
| For furt | her information | concerning this matter, pleas | se call: | |
| | Cina Same | at (f Person | Area Code & Daytime Teleph | 74 none Number |
| | MAILING AD New Filing Sec Division of Cor P.O. Box 6327 Tallahassee, FL | tion porations | STREET/COUR New Filing Section Division of Corporation Building 2661 Executive Corporation | on orations Center Circle |
| Enclose | | the following amount: | • | |
| \$70. | .00 Filing Fee | \$78.75 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 Need to Feed. The (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. Indiana 3. 35-2123879 (State or country under the law of which it is incorporated) (FEI number, if applicable) |
| 4. November 2000 5. Perpetual (Date of Incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual") |
| 6. We have not yet conducted affairs in Florida (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.) |
| 7. 6716 Farragut Street Hollywood, FL 33024 |
| Same as above. (Current mailing address) |
| 8. The Need to Feed Inc provides at-risk youth with (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Fresh nutritions food items and nutrition education through its 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) culinary acts programs Name: Trina Spilman Office Address: 6716 Faragut Street Hollywood, Florida 33004 (City) 10. Registered agent's acceptance: |
| Name: Trina Spilman |
| Office Address: 6716 Farragut Street |
| Hollywood, Florida 33004 For a U |
| 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 (gent'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: | 型 9 |
|---|---|
| A. DIRECTORS | 星 二 |
| Chairman: | PSS 2 K |
| Address: | Fig. 3 |
| Audioss. | 95 · |
| Was Obstances | DA T |
| Vice Chairman: | |
| Address: | |
| | |
| Director: | |
| Address: | |
| | |
| Director: | |
| Address: | |
| | |
| B. OFFICERS | |
| President: Trina Spillman | |
| Address: 6716 Farraget St | |
| Hollywood, FL 33024 | |
| Vice President: Keith Spillman | |
| Address: 6716 Farraget St | <u>, , , , , , , , , , , , , , , , , , , </u> |
| Hollywood, FL 33004 | <u> </u> |
| Secretary: Glenda Modtingly | · · · · · · · · · · · · · · · · · · · |
| Address: 5006 Stratford Court Evansuille, IN | 47710 |
| Treasurer: | |
| Address: | |
| | |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/o | |
| (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the applicant | tion) |
| 14. Tring Spillman, President | , |
| (Typed or printed name and capacity of person signing application) | |

STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

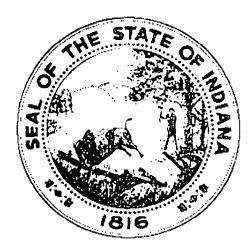
I, TODD ROKITA, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

THE NEED TO FEED, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on November 01, 2000, and was in existence or authorized to transact business in the State of Indiana on December 14, 2009.

I further certify this Non-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Fourteenth Day of December, 2009.

TODD ROKITA, Secretary of State

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SECRETARY OF STATE