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|   | (Requestor's Name)                      |                                       |  |  |
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|   | (Address)                               |                                       |  |  |
|   |   |                                       |  |  |
|   | (City/State/Zip/Phone #)                |                                       |  |  |
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| PICK-U                                  | P WAIT                                  | MAIL                                  |  |  |
|   |   |                                       |  |  |
|   | (Business Entity Name)                  |                                       |  |  |
|   | (Dusiness Chity Name)                   |                                       |  |  |
|   |   |                                       |  |  |
|   | (Document Number)                       |                                       |  |  |
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| Certified Copies                        | Certificates of S                       | Status                                |  |  |
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| <del></del>                             |   | · · · · · · · · · · · · · · · · · · · |  |  |
| Special Instructions to Filing Officer: |   |                                       |  |  |
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### **COVER LETTER**

| TO:     | New Filing Section Division of Corporations  | , <b>, ,</b>                       | <u></u>   | <b>\</b>  |
|---------|--|------------------------------------|---|---|
| SUBJ    | JECT: Name of  | Corporation mus                    | st include suffix                                 | baration  |
| Dear S  | Sir or Madam:  |                                    |   | •   |
| "Certif |  | of Good Standing"                  |   | tion to Conduct its Affairs in Florida' nitted to register the above referenced |
| Please  | e return all correspondence concern  | ing this matter to th              | e following:                                      |   |
|         | Pel  | Name o                             | of Person   |   |
|         |  | VIIC                               |   |   |
|         |  | Firm/C                             | Company   |   |
|         | P  | 1- BOX                             | 57  |   |
|         | •  |                                    |   |   |
|         |  | Ad                                 | dress   |   |
|         | <u></u>  | City/State a                       | (Jeorgiand Zip Code                               | 30820   |
|         | Detulator d<br>E-mail address: (to be  | ^ ~                                | idal report notificat                             | ion)  |
| For fur | orther information concerning this m   | natter, please call:               |   |   |
| Pa      | Name of Person   | at <u>( <b>Z 2 0</b></u><br>Area C | ode & Daytime Tel                                 | -3642<br>ephone Number  |
|         | MAILING ADDRESS:<br>New Filing Section<br>Division of Corporations<br>P.O. Box 6327<br>Tallahassee, FL 32314 |                                    | New Filing Se<br>Division of Co<br>Clifton Buildi | orporations<br>ng<br>e Center Circle  |
| Enclos  | sed is a check for the following amo   | ount:                              |   |   |
| \$70    | 70.00 Filing Fee \$78.75 Filing Certificate of   |                                    | .75 Filing Fee & tified 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:   |
|----|--|
|    | (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. (State or country under the law of which it is incorporated)  (FEI number, if applicable)   |
|    | 4. Z 3 Z 0 10 5. Der Det Uq (Duration) Sear corp. will cease to exist or "perpetual")  |
|    | 6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)  |
|    | 7. Petula Gordon 416 Johnson Ad Cairo GA- (Principal office address)   |
| ,C | Box57 Calvary Georgia 39820  |
|    | 8. (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: Dicole Buryon  |
|    | Office Address: A Sparrov Ct. Housena (City), Florida 32333  |
|    | Havana , Florida 3233 5 5 5  |
|    | 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)   |
|    | (inogistored agent 3 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  | 10 OCT - 1 - 開                             |  |  |
| CHAITMAN POLJA CYONDUN  | SECRETARY GESTARE TALLAHASSEE, FLORIDA     |  |  |
| Address: 416 Johnson Rd   | TALLAHASSEE, FLORIDA                       |  |  |
|   |  |  |  |
| Vice Chairman:  |  |  |  |
| Address:  |  |  |  |
|   |  |  |  |
| Director:   |  |  |  |
| Address:  | ·  |  |  |
|   |  |  |  |
| Director:   |  |  |  |
| Address:  |  |  |  |
| •   |  |  |  |
| B. OFFICERS   |  |  |  |
| President:  |  |  |  |
| Address:  |  |  |  |
|   |  |  |  |
| Vice President: Wichelle MCK broke                                    | <del>\</del>                               |  |  |
| Address: 1303 Waldry Place  | P  |  |  |
|   | 4500                                       |  |  |
| Secretary:  | ,000                                       |  |  |
| Address:  |  |  |  |
| Treasurer:  |  |  |  |
| Address:  |  |  |  |
|   |  |  |  |
| NOTE: If necessary, you may attach an addendum to the application lis | ting additional officers and/or directors. |  |  |
| 13. (Signature of Chairman, Vice Chairman, or any officer listed      | in number 12 of the application            |  |  |
| w Dodila (carrida)  |  |  |  |
| (Typed or printed name and capacity of person                         | signing application)                       |  |  |

Control No. 10007578

# 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, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### **FULLY CORPORATION**

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

was formed or was authorized to transact business on 02/03/2010 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 18th day of August, 2010

B: Ph

Brian P. Kemp Secretary of State

Certification Number: 6098900-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp