

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number))
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

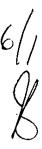
Office Use Only



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COVER LETTER

10:	Division of C			
SUBJ	JECT:	The Broo	kington Institute, Inc	·
		Name of Corporat	ion – must include suffix	
Dear S	Sir or Madam:			
"Certi	ficate of Existen		Standing" and check are subn	tion to Conduct its Affairs in Florid nitted to register the above reference
Please	return all corres	pondence concerning this m	atter to the following:	
			Andrew Scarr	···
			Name of Person	
		The	Brockington Institute	
			Firm/Company	
			6611 Bay Circle	·
			Suite 220	<u> </u>
	•		Address	
			orcross, GA 30071	
		C	ity/State and Zip Code	
		andrewscarr@	brockington.org	
	E-n		future annual report notificat	ion)
For fu	rther information	concerning this matter, plea	ase call:	
		ew Scarr at of Person	(678) 638 Area Code & Daytime Te	ephone Number
	MAILING AI New Filing Se Division of Co P.O. Box 6327 Tallahassee, Fi	ction rporations	New Filing Se Division of Co Clifton Buildi	orporations ng ce Center Circle
Enclos	sed is a check for	the following amount:		
□ \$7	0.00 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:

Name of corpo	ration; must include the word	e Brockington Ir	"CORPOR	ATION" or words or abbrev	iations of like	
mport in langu n the name at p	age as will clearly indicate that wesent, "Company" or "Co." m	it is a corporation instead as a corp	ad of a natu orate suffix	ral person or partnership if n by a nonprofit corporation.)	ot so containe	d
	State of Georgia ntry under the law of which it i	3,		27-4379269		
(State or cou	ntry under the law of which it i	s incorporated)	(FI	I number, if applicable)		
	12/27/2010	5.		Perpetual corp. will cease to exist or "		
(I	12/27/2010 Date of Incorporation)	(Dui	ation: Year	corp, will cease to exist or "	perpetual")	
	ucted affairs in Florida if prior to	Not Applicitat	le			
Date first cond	ucted affairs in Florida if prior to	registration. See section.	s 617.1501	& 617.1502, F.S, to determine	penalty liabili	ly.)
	6611 Bay Ci	ircle, Suite 220, No (Principal office a	orcross, (GA 30071	-	
		(Principal Office at	Jaressi			
		See Above				
	- · · · · · · · · · · · · · · · · · · ·	(Current mailing	address)			
Grant elig	ibility in the pursuit of re	esearch, education	, and ad	vocacy in Historic Pre	servation.	,
•		ŕ		•	- သ	
lame and <u>str</u>	eet address of Florida registe	red agent: (P.O. Box	NOT acce	ptable)		
Name:	Steve RabbySmith					,
•					ယ့	ب د ج
ce Address:	4095 Barrancas Avenu	<u>16</u>			r\cdot	; ;
					⊜ .	٤
	Pensacola	, Flo	rida	32207 (Zip Code)		•
	(City)			(Zip Code)		
ing been na gnated in th her avree to	agent's acceptance: med as registered agent and is application, I hereby acce comply with the provisions or with and accept the oblig	ept the appointment a of all statutes relative	s registere e to the ord	ed agent and agree to act to oper and complete perfort	in this capaci	itv.
	1×2	(Registered agent's	W/signature)			
Attached is	a certificate of existence dul-	y authenticated, not m	bre than 9	0 days prior to delivery of	this applicat	ion
	ent of State, by the Secretar under the law of which it is		icial having	g custody of corporate rec	ords in the	

12. Names and addresses of officers and/or directors:

A. DIRECTORS		
Chairman: Paul E. Brockington		
Address: 6611 Bay Circle, Suite 220		
Norcross, GA 30071		
Vice Chairman: James Langford		
Address: P.O. Box 277		
Calhoun, GA 30703		
Director: Sally Brockington		
Address: 6611 Bay Circle, Suite 200		
Norcorss, GA 30071		
Director:		
Address:		
B. OFFICERS	 6.3	#
President:	<u> </u>	
Address:	ယ	
	T E)	10 TH
Vice President:	ယ္	1 - 1 -
Address:	<u> </u>	(41) (2) (40)
Secretary:		
Address:		
Treasurer:		
Address:		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or of the application (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application of the ap		ors.
14. Salar Brocking Director (Typed or printed name and capacity of person signing application)		

Control No. 10088666

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Drive 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

THE BROCKINGTON INSTITUTE, INC.

Domestic Non-Profit Corporation

was formed or was authorized to transact business on 12/27/2010 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 24th day of May, 2012

B: P.h.

Brian P. Kemp Secretary of State

Certification Number: 9106085-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp