

F12.0000004653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

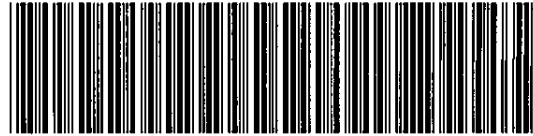
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/16/12

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SafeRide America, Inc.

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Michael Rhyne

Name of Person

SafeRide America, Inc.

Firm/Company

5825 Glenridge Dr.

Bldg. 3, Suite 101

Address

Atlanta, GA 30328

City/State and Zip Code

info@saferideamerica.org

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Michael Rhyne

Name of Person

at (404) 374-5440

Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
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 &
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:*

1. **SafeRide America, Inc.**

(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. **Georgia**

(State or country under the law of which it is incorporated)

3. **80-0508740**

(FEI number, if applicable)

4. **09/14/2009**

(Date of Incorporation)

5. **Perpetual**

(Duration: Year 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. **5825 Glenridge Dr. Bldg. 3, Suite 101, Atlanta GA 30328**

(Principal office address)

5825 Glenridge Dr. Bldg. 3, Suite 101, Atlanta GA 30328

(Current mailing address)

8. Our mission is to pro-actively prevent all types of impaired driving and to assist children that have been orphaned or injured by impaired driving crashes.

(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: **Michael Hearn**

Office Address: **4532 W Kennedy Blvd, Suite 500**

Tampa

(City)

, Florida **33609**

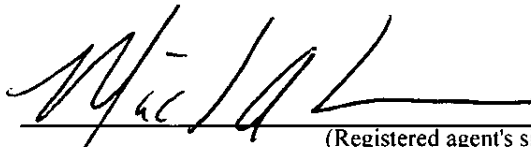
(Zip Code)

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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 addresses of officers and/or directors

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A. DIRECTORS

Chairman: Michael Rhyne

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Address: 5825 Glenridge Dr, Bldg 3 Suite 101
Atlanta GA, 30328

Vice Chairman: David Thompson

Address: 5825 Glenridge Dr, Bldg 3 Suite 101
Atlanta GA, 30328

Director: Lyle V. Harris

Address: 5825 Glenridge Dr, Bldg 3 Suite 101
Atlanta GA, 30328

Director: _____

Address: _____

B. OFFICERS

President: Michael Rhyne

Address: 5825 Glenridge Dr, Bldg 3 Suite 101
Atlanta GA, 30328

Vice President: David Thompson

Address: 5825 Glenridge Dr, Bldg 3 Suite 101
Atlanta GA, 30328

Secretary: David Thompson

Address: 5825 Glenridge Dr, Bldg 3 Suite 101, Atlanta GA, 30328

Treasurer: David Thompson

Address: 5825 Glenridge Dr, Bldg 3 Suite 101, Atlanta GA, 30328

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

13. 

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

14. Michael Rhyne, Chairman/President

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

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

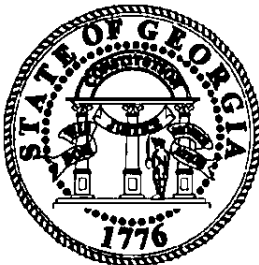
SAFERIDE AMERICA, INC.

Domestic Non-Profit Corporation

was formed or was authorized to transact business on 10/19/2009 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 14th day of November, 2012

B. P. Kemp

Brian P. Kemp
Secretary of State

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