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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

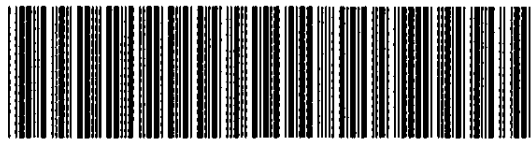
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

R 01/06/14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Mary Lynne Burnett Memorial Foundation 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:

Douglas Burnett

Name of Person

Mary Lynne Burnett Memorial Foundation Inc

Firm/Company

P.O. Box 5644

Address

Destin, Florida 32540

City/State and Zip Code

dwburnett@gmail.com

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

For further information concerning this matter, please call:

Douglas Burnett

Name of Person

at (850) 687- 4847

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. Mary Lynne Burnett Memorial Foundation, 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. Kentucky (State or country under the law of which it is incorporated)
3. (FEL number, if applicable)

4. 04/13/2010 (Date of Incorporation)
5. perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. NA
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 294 Corinthian Place Destin, Florida 32541
(Principal office address)

P.O.Box 5644 Destin, Florida 32540
(Current mailing address)

8. Charity providing financial assistance to individuals and organizations in need
(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: Douglas Burnett

Office Address: 294 Corinthian Place

Destin, Florida 32541
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

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.

Douglas Burnett
(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

A. DIRECTORS

Chairman: Douglas Burnett
Address: 294 Corinthian Place Destin, Florida 32541

Vice Chairman: _____
Address: _____

Director: Gary Hepner
Address: 4320 STATTON RD. LOUISVILLE, KY 40220

Director: Mary Brittany Burnett
Address: 10000 Fairmount Road Louisville, Kentucky 40291

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B. OFFICERS

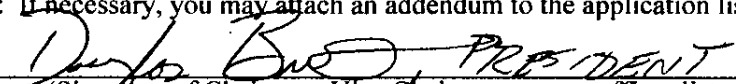
President: Douglas Burnett
Address: P.O. Box 5644 Destin, Florida 32540

Vice President: _____
Address: _____

Secretary: Gary Hepner
Address: 4320 STATTON RD. LOUISVILLE, KY 40220

Treasurer: Gary Hepner
Address: 4320 STATTON RD. LOUISVILLE, KY 40220

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

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

14. Douglas Burnett, President
(Typed or printed name and capacity of person signing application)

Commonwealth of Kentucky
Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes
Secretary of State
P. O. Box 718
Frankfort, KY 40602-0718
(502) 564-3490
<http://www.sos.ky.gov>

Certificate of Existence

Authentication number: 146610
Visit <https://app.sos.ky.gov/f/show/certvalidate.aspx> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

MARY LYNNE BURNETT MEMORIAL FOUNDATION, INC.

is a corporation duly incorporated and existing under KRS Chapter 14A and KRS Chapter 273, whose date of incorporation is April 13, 2010 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that Articles of Dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 30th day of December, 2013, in the 222nd year of the Commonwealth.

FILED
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OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Alison Lundergan Grimes
Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
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