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COVER LETTER

TO:	New Filing Section Division of Corporations			
SUBJE	CCT: C Three Foundation			
SCOOL	Name of Corporation – must include suffix			
Dear Si	r or Madam:			
Affairs	losed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to the above referenced not for profit corporation to conduct its affairs in Florida.			
Ptease r	eturn all correspondence concerning this matter to the following:			
	Claudia Christian			
	Name of Person			
	C Three Foundation			
	Firm/Company			
	1621 Central Ave			
	Address			
	Cheyenne, WY 82001			
	City/State and Zip Code			
	Claudia.Christian@cthreefoundation.org			
	E-mail address: (to be used for future annual report notification)			
For furt	her information concerning this matter, please call:			
Jenny	R Williamson at (239) 738-1906 Name of Person Area Code & Daytime Telephone Number			
	Name of Person 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			
Enclose	d is a check for the following amount:			
■ \$70.0	00 Filing Fee \$\Boxed{1}\$78.75 Filing Fee \& Certificate of Status \$\Boxed{1}\$87.50 Filing Fee, Certificate of Status \& Certified Copy \$\Boxed{2}\$ Certified Copy			



September 10, 2014

CLAUDIA CHRISTIAN 1621 CENTRAL AVE. CHEYENNE, WY 82001

SUBJECT: C THREE FOUNDATION

Ref. Number: W14000055310

We have received your document for C THREE FOUNDATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II

Letter Number: 414A00019351

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	C-Three Foundation Inc.	100	7	
	(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbrevi import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if no in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)	ations of	rijka tainusd r∨	, - 6
	C three Coundation Corp.	6/3 ⁽²⁾	9	, 1202 E.,
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting busines	177	id a)	j i
2	` 	102 102 103 103 103 103 103 103 103 103 103 103	<u>မှ</u>	·
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	3.5	_	
4	. June 12, 2013 (Date of Incorporation) 5. perpetual (Duration: Year corp. will cease to exist or "	normatus	THY	
	9/1/2014	perperua	.1)	
6	(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S, to determine	a panaltu	liabilit	\
7	16216 Central Ave, Cheyenne, WY 82001	г ренину	naviin	r. <i>j</i>
	(Principal office address)			
	12400 Ventura Blvd #520, Studio City, CA 91604			
	(Current mailing address)			
8	Development of alcohol use disorder awareness, education and resources for publ	ic ben	efit.	
.,,	(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: Jenny R Williamson			
	1695 Daniela Drive			
О	Office Address: 1685 Daniels Drive			
	North Fort Myers , Florida 33917			
	(City) (Zip Code)			

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

A. DIRECTORS	هسين دير د خ اج
Chairman: Claudia Christian	A SI
Address: 12400 Ventura Blvd. #520	# 구 *** 2
Studio City, CA 91604	デンター の
Vice Chairman: David Sinclair	ာ္မေ ယ့
Address: Kylmalantie 172 A	0 1986 0 1986
Evitskog, Finland, 02559	<u> </u>
Director: Jenny R Williamson	
Address: 1685 Daniels Drive	
North Fort Myers, FL 33917	
Director: Stephen Cox	
Address: 3135 Custer Drive	
Lexington, KY 40517	
B. OFFICERS	
President: Claudia Christian	
Address: 12400 Ventura Blvd. #520	
Studio City, CA 91604	
Vice President: n/a	
Address: na	
nla	
Sccretary: Jenny R Williamson	
Address: 1685 Daniels Drive, North Fort Myers, FL 33917	
Treasurer: Holly Evans	
Address: 15070 Victory Blvd. #201, Van Nuys, CA 91411	
NOTE: If necessary, you may attach an addendum to the application listing add	litional officers and/or directors.
Senature of Chairman, Vice Chairman, or any officer listed in numi	ber 12 of the application)
14. Jenny R Williamson, Director & Secretary	
(Typed or printed name and capacity of person signing	application)

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

C-Three Foundation

is

NonProfit Corporation

formed or qualified under the laws of Wyoming did on **June 12**, **2013**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2013-000645203**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 25th day of August, 2014 at 3:14 PM. This certificate is assigned 016176020.



Maj Massiele Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web.site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.