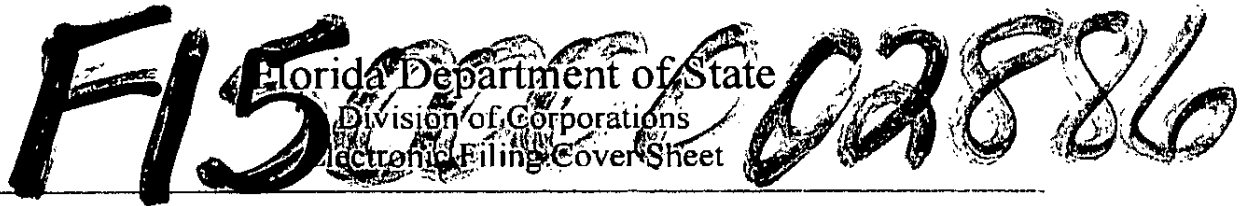


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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : AKERMAN LLP - MIAMI
Account Number : 075471001363
Phone : (305)374-5600
Fax Number : (305)374-5095

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FOREIGN PROFIT/NONPROFIT CORPORATION
THE DEVIN HESTER FOUNDATION, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: THE DEVIN HESTER 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:

JEFFREY C. SHARER

Name of Person

AKERMAN LLP

Firm/Company

71 S WACKER DR 46TH FL

Address

CHICAGO, IL 60606

City/State and Zip Code

jeffrey.sharer@akerman.com

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

For further information concerning this matter, please call:

JEFFREY SHARER

Name of Person

at (312) 634-5730

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

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**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. THE DEVIN HESTER 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.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3. 47-3728380
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/14/2015 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

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

7. C/O GRUNDUSKI GROUP, PO BOX 4, 12 CROGAN ST, LAWRENCEVILLE, GA 30446
(Principal office address)

C/O GRUNDUSKI GROUP, PO BOX 4, 12 CROGAN ST, LAWRENCEVILLE, GA 30446
(Current mailing address)

8. EDUCATIONAL, CHARITABLE AND SCIENTIFIC PURPOSES WITHIN MEANING OF IRC SEC 501(C)(3)
(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: NRAI SERVICES, INC.

Office Address: 1200 S PINE ISLAND RD

PLANTATION Florida 33324
(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.

Michele Holden, Asst. Sect.
(Registered agent's signature) Michele Holden, Asst. Sect.

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.

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12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: **DEVIN DEVORRIS HESTER**

Address: **PO BOX 4, 12 CROGAN ST
LAWRENCEVILLE, GA 30046**

Vice Chairman:

Address:

Director: **ZINGHA HESTER**

Address: **PO BOX 4, 12 CROGAN ST
LAWRENCEVILLE, GA 30046**

Director: **LEROY NELSON, JR.**

Address: **PO BOX 4, 12 CROGAN ST
LAWRENCEVILLE, GA 30046**

B. OFFICERS

President: **DEVIN DEVORRIS HESTER**

Address: **PO BOX 4, 12 CROGAN ST
LAWRENCEVILLE, GA 30046**

Vice President:

Address:

Secretary: **DEVIN DEVORRIS HESTER**

Address: **PO BOX 4, 12 CROGAN ST, LAWRENCEVILLE, GA 30446**

Treasurer: **DEVIN DEVORRIS HESTER**

Address: **PO BOX 4, 12 CROGAN ST, LAWRENCEVILLE, GA 30446**

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. **DEVIN DEVORRIS HESTER, CHAIRMAN**

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

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "THE DEVIN HESTER FOUNDATION, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF MAY, A.D. 2015.



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You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2418224

DATE: 05-29-15

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