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COVER LETTER

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SUBJ	ECT:	OUNDATION INC Name of Corporati	on – must ii	nclude suffix	
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Dear S	ir or Madam:				
Affairs	s in Florida", "Ce	tion by Foreign Not for Profestificate of Existence", or "Cenced not for profit corporate	Certificate o	f Status" and cl	neck are submitted to
Please	return all corresp	pondence concerning this ma	atter to the f	ollowing:	
	Willame	ena Witcher			
	-	Name o	of Person		-
	I WILL	FOUNDATION INC			
		Firm/C	Company	·	
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	4880 Lo	wer Roswell Rd Ste 165 PMB	219		2 [
	***************************************	Ad	dress		SEE FLOOR
	Marietta	, GA 30068			ST. S.
		City/State a	nd Zip Cod	e	——— REF 32
	tikawil26	52006@yahoo.com			
	E-n	nail address: (to be used for	future annua	al report notific	ation)
For fur	ther information	concerning this matter, plea	ase call:		
Willan	mena Witcher	at (678	615-1989	
	Name o	of Person	Area Code	Daytime Tel	lephone Number
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclose	ed is a check for	the following amount:			
\$70	0.00 Filing Fee	■\$78.75 Filing Fee & Certificate of Status		Filing Fee & ed 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:

4880 Lower Roswell Rd Ste 165 PMB 219 Marietta, GA 30068 (Principal office address) 4040 Porpoise Dr SE St Petersburg, FL 33705 (Current mailing address, if different) The corporation is organized exclusively for charitable, educational, and civic purposes. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Natika Wilson Flice Address: 4040 Porpoise Dr SE	(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of Incorporation) (Date of Incorporation) (Date of duration, if other than perpetual) We have not conducted any affairs in FL (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S, to determine penalty liability 4880 Lower Roswell Rd Ste 165 PMB 219 Marietta, GA 30068 (Principal office address) (Principal office address) 4040 Porpoise Dr SE St Petersburg, FL 33705 (Current mailing address, if different) The corporation is organized exclusively for charitable, educational, and civic purposes. Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (PEI number, if applicable) (Date of Incorporation) (Date of Incorporation) (Date of duration, if other than perpetual) We have not conducted any affairs in FL Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability 1880 Lower Roswell Rd Ste 165 PMB 219 Marietta, GA 30068 (Principal office address) (Current mailing address, if different) The corporation is organized exclusively for charitable, educational, and civic purposes. Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (FEI number, if applicable) (Date of Incorporation) (Date of Incorporation) (Date of duration, if other than perpetual) We have not conducted any affairs in FL Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S, to determine penalty liabil 4880 Lower Roswell Rd Ste 165 PMB 219 Marietta, GA 30068 (Principal office address) (Outrent mailing address, if different)
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Mame: Name: 4040 Porpoise Dr SE			Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
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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

Chairma	Willamena Witcher	
Address	3494 River Heights Crossings SE	
. 144. 555	Marietta, GA 30067	
Vice Ch	airman:	
Address		· · · · · · · · · · · · · · · · · · ·
Director		AAN PORTON CONTRACTOR
Address		
Director		
B. OF Presiden	Willamena Witcher t: 3494 River Heights Crossings SE	E S S
Address:	Marietta, GA 30067	
V: D	Ramona Hunter	
Vice Pre	6262 20th St So	
	St Petersburg, FL 33712	
Secretary	Ciera Witcher	•
Address:	606 Maran Ln Mableton, GA 30126	
Treasure	Natika Wilson	
Address:	4040 Porpoise Dr SE St Petersburg, FL 33705	
NOTE :	If necessary, you may attach an addendum to the application listing additional off	
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the tika Wilson	ne application)
14	(Typed or printed name and capacity of person signing application	n)

Control Number: 12004477

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

I WILL FOUNDATION INC

a Domestic Nonprofit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. 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 perma-facie evidence that said entity is in existence or is authorized to transact business in this state.

> Docket Number Date Inc/Auth/Filed Jurisdiction Print Date Form Number

9/17/2015

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Brian P. Kemp Secretary of State