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| Certified Copies | _ Certificate: | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Division of | Section Corporations | | | | |
|-------------|----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| SHRI | ECT: | MA | CH Aca | ademy, Inc. | | |
| зоро | | Name of C | orporat | ion – must in | clude suffix | · · · · · |
| Dear S | Sir or Madam: | | | | | |
| Affair | s in Florida", " | cation by Foreign Not of Certificate of Existence certificate of Existence certificate not for profit of the control of the certification of the certificati | e", or " | Certificate of | Status" and chee | ck are submitted to |
| Please | return all corre | espondence concerning | g this m | atter to the fo | ollowing: | |
| | | 1 | Michael | D. Harden | | |
| | | | Name | of Person | | |
| | | M | ACH A | cademy, Inc. | | |
| | | | Firm/ | Company | | |
| | | | 4360 | Quail Creek R | d. | |
| | | | | | | |
| | | | Ac | ldress | | |
| | | | Martine | z, GA 30907 | | |
| | | City | //State | and Zip Code | ; | - H- |
| | | n | nparks3′ | 7@comcast.net | t | |
| | E | E-mail address: (to be u | sed for | future annua | l report notificati | ion) |
| For fu | rther informati | on concerning this mat | ter, ple | ase call: | | |
| | Mich | nael D. Harden | at | 706 | 945-9703 | 3 |
| | Nam | e of Person | at | Area Code | Daytime Telep | ohone Number |
| | MAILING A Registration Division of C P.O. Box 632 Tallahassee, | Section Corporations 27 | | | STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL | porations g : Center Circle |
| Enclos | sed is a check f | or the following amou | nt: | | | |
| 5 70 | 0.00 Filing Fee | Certificate of | | | 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:

| MACH Academ | ny of Tennis & Chess, Inc. | | cad of a natural person or partnership if not so con- reporate suffix by a nonprofit corporation.) | |
|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| (11 name unava | nable in Florida, enter alternate co | orporate name adop | oted for the purpose of transacting business in Flori | ida) |
| 2. Georgia | | 3. | 58-2013645 | |
| (State or cour | ntry under the law of which it is inc | corporated) | (FEI number, if applicable) | ·············· |
| 4. | September 1994 | 5. | (Date of duration, if other than perpetual) | |
| | Pate of Incorporation) | | (Date of duration, if other than perpetual) | |
| 6. N/A | | | | |
| (Date first condi | icted affairs in Florida if prior to rep | gistration. See section | ons 617.1501 & 617.1502, F.S. to determine penalty | liability.) |
| 7 | 1850 Cho | ester Avenue, Augi | usta, GA 30906 | |
| | | (Principal office | address) | |
| | 4360 C | Jugil Crack Rd. M | artinez, GA 30907 | |
| | | rrent mailing addre | | |
| | (~ ~ ~ | | | -10 2 |
| Transmide V 16 | Chill 6 C | | ' Trust and a series of the | 2016 7419 |
| 8. To provide Lii | e Skills & Community developme | ni inrough Educati | ion, Technology Home Ownership & Recreation. carried out in the state of Florida) | 量量 |
| 75 | | | | |
| (Purpose(s) of c | corporation authorized in home sta | ite or country to be | carried out in the state of Piorida) | |
| | | | | (A) |
| | corporation authorized in home sta | | | 1000 F |
| 9. Name and stre | eet address of Florida registered | d agent: (P.O. Bo | ox NOT acceptable) | |
| 9. Name and <u>stre</u> | eet address of Florida registered | d agent: (P.O. Bo | ox NOT acceptable) | ASSET TO |
| 9. Name and streen Name: Office Address: | Shelia Dudley 17482 SW 33rd Street | d agent: (P.O. Bo | ox <u>NOT</u> acceptable) | |
| 9. Name and streen Name: Office Address: | Shelia Dudley 17482 SW 33rd Street Miramar | d agent: (P.O. Bo | NOT acceptable) | ASSET TO |
| 9. Name and streen Name: Office Address: | Shelia Dudley 17482 SW 33rd Street | d agent: (P.O. Bo | ox <u>NOT</u> acceptable) | ASSET TO |
| 9. Name and <u>street</u> Name: Office Address: | Shelia Dudley 17482 SW 33rd Street Miramar (City) | d agent: (P.O. Bo | NOT acceptable) | ASSET TO |
| 9. Name and street Name: Office Address: 10. Registered Having been na | Shelia Dudley 17482 SW 33rd Street Miramar (City) agent's acceptance: med as registered agent and to | d agent: (P.O. Bo | NOT acceptable) Florida 33029 (Zip Code) | AN 9 30 |
| 9. Name and street Name: Office Address: 10. Registered Having been na | Shelia Dudley 17482 SW 33rd Street Miramar (City) agent's acceptance: med as registered agent and to is application. I hereby accept | d agent: (P.O. Bo | Florida 33029 (Zip Code) of process for the above stated corporation at the agree to act in this | the place canacity. |
| 9. Name and street Name: Office Address: 10. Registered Having been na | Shelia Dudley 17482 SW 33rd Street Miramar (City) agent's acceptance: med as registered agent and to is application. I hereby accept | d agent: (P.O. Bo | NOT acceptable) Florida 33029 (Zip Code) | the place canacity. |
| 9. Name and street Name: Office Address: 10. Registered Having been na | Shelia Dudley 17482 SW 33rd Street Miramar (City) agent's acceptance: med as registered agent and to is application. I hereby accept | d agent: (P.O. Bo | Florida 33029 (Zip Code) of process for the above stated corporation at the agree to act in this | the place canacity. |
| 9. Name and street Name: Office Address: 10. Registered Having been na | Shelia Dudley 17482 SW 33rd Street Miramar (City) agent's acceptance: med as registered agent and to is application. I hereby accept | d agent: (P.O. Bo | Torida 33029 (Zip Code) of process for the above stated corporation at it as registered agent and agree to act in this tive to the proper and complete performance y position as registered agent. | the place canacity. |

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: | | - |
|-----------------------------------------------------------------------------------------------------------------------------------|------------|-------|
| Address: | | |
| Vice Chairman: | | • |
| Address: | | |
| Director: | | - |
| Address: | | |
| Director: | | |
| Address: | 700 | 2016 |
| B. OFFICERS | | JAN - |
| President: 4360 Quail Creek Rd Address: | | L AN |
| Address: Martinez, GA 30907 | | . છુ |
| Henry J. Taylor Vice President: 366 Barnsley Dr. | | |
| Address:Evans, GA 30809 | | |
| Donald Moody Secretary: | | |
| 436 Edisto Drive, Belvedere, South Carolina, SC 29841 Address: Donald Moody | | |
| Treasurer: 436 Edisto Drive, Belvedere, South Carolina, SC 29841 Address: | | |
| 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 Michael D. Harden, President/CEO | on) | |
| (Typed or printed name and capacity of person signing application) | | |

Control Number: K321560

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

MACH ACADEMY, 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 prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number Date Inc/Auth/Filed Jurisdiction

Jurisdiction Print Date Form Number : 12246602 : 08/27/1993

: 08/27/1993 : Georgia : 12/24/2015

:211



Brian P. Kemp Secretary of State