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### **COVER LETTER**

P TO: Registration Section Division of Corporations DITH MAYLES DEED V	ROOTED FOUNDATION, INC.
SUBJECT:	of Corporation – must include suffix
Dear Sir or Madam:	
Dear Sir of Ivragani,	
Affairs in Florida", "Certificate of Exis	Not for Profit Corporation for Authorization to Conduct its ence", or "Certificate of Status" and check are submitted to offit corporation to conduct its affairs in Florida.
Please return all correspondence concer	ning this matter to the following:
DONTAVIOUS SMITH	
	Name of Person
DUH MAYUH'S DEEPL'	ROOTED FOUNDATION, INC.
	Trim/Company
807 S. WILSON AVE	<b>第元 な</b>
<del></del>	Address
COCOA, FL 32922	
	City/State and Zip Code
DTAYSMITH@HOTMAI	L.COM
E-mail address: (to	oe used for future annual report notification)
For further information concerning this	matter, please call:
DONTAVIOUS SMITH	321 8778056 at ( )
Name of Person	Area Code Daytime Telephone 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
Enclosed is a check for the following ar	nount:
\$70.00 Filing Fee \$78.75 Filin Certificate	

## 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:

(If name unav	vailable in Florida	i, enter alternate corporate nar	me adopted for the purpose of transacting b	usiness in Florida)
WYOMING			3	
(State or cou			3. (FEI number, if applicab	
1/18/2019	n D-4CI		5(Date of duration, if other tha	
01/18/2016	Date of Incorpora	1110n)	(Date of duration, if other tha	in perpetual)
	ducted affairs in F	lorida if prior to registration. S	ee sections 617.1501 & 617.1502, F.S. to de	termine penalty liability
000 0 11111 00	DN 4 4 4 4 11 12 12 12 12 12 12 12 12 12 12 12 12			ierminė penany naomię.
	· ·	(Principa	I office address)	
OCOA, FL				بجسيد يهزر إست
		(Current mailin	ng address, if different)	
		(Current manni	g address, if differency	國司
FUNDRAISI	NG			F1L9
Purpose(s) of	corporation auth	orized in home state or counti	ry to be carried out in the state of Florida)	
lame and str	reet address of l	Florido registered agent: (T	P.O. Box NOT acceptable)	
iame and <u>s</u> y	i <u>cer address</u> or	Florida registered agent. (F	.O. Box 101 acceptable)	智元 59
Name:	DONTAVIOUS	SMITH		
ice Address:	807 S WILSO			
	COCOA		, Florida 32922 (Zip Code)	
ree rudiess.		(City)	, Florida	<del>_</del>

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

DONTAVIOUS SMITH	
Chairman: 807 S. WILSON AVE	
Address:	
COCOA, FL 32922	
Vice Chairman:	
Address:	
Director:	
Address:	
Director:	
Address:	76 F
	10000000000000000000000000000000000000
B. OFFICERS DONTAVIOUS SMITH	2 R
President: 807 S. WILSON AVE	The state of the s
Address: COCOA, FL 32922	<u>5</u>
	<u></u> .
Vice President:	
Address:	
Secretary: Dontavious Smith	
Address: 867 S. Wilson ave., Cocoa, 76 32922	
·	
Treasurer:	
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 list.	Red in number 12 of the application)
(Typed or printed name and capacity of pers	on signing application)

# STATE OF WYOMING Office of the Secretary of State

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

### **DUH MAYUH'S DEEPLY ROOTED FOUNDATION, INC.**

# is a Nonprofit Corporation

formed or qualified under the laws of Wyoming did on **February 4, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000705589**.

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 4th day of February, 2016 at 6:44 PM. This certificate is assigned 019419938.



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