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COVER LETTER

	ion Section of Corporations			
_	•			
SUBJECT:	McFadden Foundation, Inc.	- nintion musi	include suffix	
	Name of corp	oration - mus	include surifx	
Dear Sir or Mada	m:			
"Certificate of Ex	oplication by Foreign Corporatistence," or "Certificate of Go foreign corporation to transac	ood Standing"	and check are sub	
Please return all	correspondence concerning thi	s matter to the	following:	
Angela Hagen				
	N	ame of Person		
McFadden Founda	tion, Inc.			
	Fi	rm/Company		
317 Regatta Bay B	lvd			
		Address		
Destin, FL 32541				
	City	/State and Zip	code	
McFaddenFoundat	ion@gmail.com			
	E-mail address: (to b	e used for futu	re annual report n	otification)
For further inform	nation concerning this matter,	please call:		
Angela Hagen	at (229	254-2100	
Name of	Person A	rea Code	Daytime Telepl	none Number
Registrat Division Clifton B 2661 Exe	C/COURIER ADDRESS: ion Section of Corporations uilding cutive Center Circle ee, FL 32301		MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, F	ection orporations
Enclosed is a che	ck for the following amount:			
□ \$70.00 Filing	Fee \$78.75 Filing Fee Certificate of State		75 Filing Fee & fied Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

· · —		dation, Inc. orporation; must include "INCORPORATED," '	"COMPANY" "COPPOPATION"	•	-
		orp," "Inc," "Co," or "Corp.")	comfatt, com oration,		
					_
(If na	me unavaila	able in Florida, enter alternate corporate name ad	opted for the purpose of transacting	business in Florida)	
2. Georgia (State or country			27-0601149		-
		y under the law of which it is incorporated)	(FEI number, if applicable)		
4. Octo	ber 6, 2009	5	(Date of duration, if other th		
	(Date	of incorporation)	(Date of duration, if other th	an perpetual)	
6. Marc	h 4, 2016				_
		(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.150)		Λ	
			z, r.o., to determine penanty habinty	,	
7. <u>317 F</u>	Regatta Bay	Blvd., Destin, FL 32541 (Principal	office address)		-
		(c morpus		271	
		(Current mailing	address, if different)	二百万 示	-
			,		• •
8. Name	e and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	20 ASS	P. National Co.
			•		
	Name:	Angela Hagen	_	7 × 2	i mane
Office A	Address:	317 Regatta Bay Blvd		2: 4(STATE LORIE	144.15
		Destin	m:J. 20541	3.5	
		(City)	, Florida <u>32541</u> (Zip code)		
_		ent's acceptance: ed as registered agent and to accept service	o of process for the above stated	cornoration at the	nlace
designa	ted in this	application, I hereby accept the appointme	ent as registered agent and agree	e to act in this capa	icity. I
		omply with the provisions of all statutes rel amiliar with and accept the obligations of I		e performance of m	ıy
uunes, t	inu i um j	uminur with and accept the obligations of t	ny position us registereu ugent.		
		1			
		Might & Wagn (Registered ag			
		(Registered ag	ent's signature)		

10. 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.

11. Names and business addresses of officers and/or directors:

A. DIRI	ECTORS	
Chairman	: Angela Hagen	
Address:	317 Regatta Bay Blvd.	
	Destin, FL 32541	
Vice Chai	rman: Glenn Kirbo	
Address:	Dawson Road	
	Albany, GA	
Director:	Raymond Wilson	
Address:	Wiley Ave.	
	Donalsonville, Georgia	
Director:		
		台市
B. OFF	ICERS	UH 20
President:	Angela Hagen	
Address:	317 Regatta Bay Blvd	
	Destin, FL 32541	20 N C
Vice Pres	ident: Angela Hagen	
Address:	317 Regatta Bay Blvd	
	Destin, FL 32541	
Secretary:	Angela Hagen	
Address:	317 Regatta Bay Blvd., Destin, FL 32541	
Treasurer	Angela Hagen	
Address:	317 Regatta Bay Blvd., Destin, FL 32541	
	If necessary, you may attach an addendum to the application listing additional officers and	l/or directors.
12	Jugale & Nagm	
The offic are true a a third de	Signature of Director or Officer fer or director signing this document (and who is listed in number 11 above) affirms that the find that he or she is aware that false information submitted in a document to the Departme agree felony as provided for in s.817.155, F.S.	
IJ. Ange	ela Hagen. President	

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

Control Number: 09069902

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

MCFADDEN 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 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 Print Date

Form Number

: 10/06/2009 : Georgia : 06/07/2016 : 211

:13196052



B: P. Kemp Secretary of State