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DIVISION OF CONFERENCES

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•	•			
3		COVER	LETTER	,
TO:	Registration So Division of C		,	
CHID		Up We Go Founda	tion, Inc.	
SUB	JECT:	Name of Corporat	ion – must include suffix	
Dear	Sir or Madam:			
Affair	rs in Florida", "Co	ertificate of Existence", or "	it Corporation for Authorization for Authorization Certificate of Status" and chains in to conduct its affairs in	neck are submitted to
Pleas	e return all corres	pondence concerning this m	atter to the following:	
		Mr. Donnie L. Cochran		
		Name	of Person	
		Firm/	Company	
		2(15 L - 1-10 D.)		
		3615 La jolla Drive	ldress	· · · · · · · · · · · · · · · · · · ·
			ıtıı 688	
		Clermont, FL 34711	and Zip Code	
		· · · · · · · · · · · · · · · · · · ·	and zip code	
		dcecl@aol.com	future annual report notific	ation)
Б. С			·	ation
For n	urtner informatioi	concerning this matter, ple	ase call:	
I	Donnie L Cochran	at	(404	
	Name	of Person	Area Code Daytime Te	lephone Number
	MAILING AI Registration Se Division of Co	ection	STREET/CO Registration S Division of C	
	P.O. Box 6327	, -	Clifton Build	ing
	Tallahassee, F	L 32314	2661 Executi Tallahassee,	ve Center Circle FL 32301
Enclo	osed is a check for	the following amount:	ŕ	4
□ \$7	70.00 Filing Fee	□\$78.75 Filing Fee & Certificate of Status	☐\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Certificate of Certified Cop

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 '	o Foundation, Inc.	"INCORPORATED" or "CO	RPORATION" or words or abbreviations of li	ke _	
import in langua	ge as will clearly indicate tha	it it is a corporation instead of	RPORATION" or words or abbreviations of lil a natural person or partnership if not so contain suffix by a nonprofit corporation.)	ned	
UWG Fou	ndation, Inc.	, no. 00 abou 10 a co.p			
(If name unava	ilable in Florida, enter alterna	ate corporate name adopted for	r the purpose of transacting business in Florida)	
Georgia 2.		81-086 3.	3. (FEI number, if applicable)		
11 20 2014	•				
4. <u>(</u> [Date of Incorporation)	J	(Date of duration, if other than perpetual)		
None 6.			2 <u>.</u>		
(Date first cond	ucted affairs in Florida if prior	to registration. See sections 617	7.1501 & 617.1502, F.S, to determine penalty lia	bility.)	
	3615 La Jolla Dirve, Clermon		OCT 2		
· · · · ·		(Principal office addres		1 − 1 −3	
		(Current mailing address, if o	lifferent)		
			The second secon	3	
Provide low co	st, high value leadership and	team development training fo	r Public Safety, non profits and Women Orgs.		
(Purpose(s) of	corporation authorized in hon	ne state or country to be carrie	d out in the state of Florida)		
9. Name and str	eet address of Florida regis	stered agent: (P.O. Box NO	T acceptable)		
Name:	Mr. Donnie L Cochran				
Office Address:	3615 La Jolla Drive				
Ollioo / Idaloss.	Clermont	. Florida	34711 (Zip Code)		
	(City	·/)	(Zip Code)		
Having been na designated in th further agree to	is application, I hereby accomply with the provision	ccept the appointment as re	cess for the above stated corporation at the egistered agent and agree to act in this ca the proper and complete performance of tion as registered agent.	pacity. I	
	\mathcal{A}	My L. C. (Registered agent's sign	ochran		
		i Kepisieren abem s sion	anirei		

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: Mrs. Emarvanay O Cochran	
Address: 3615 La Jolla Drive	
Clermont, FL 34711	
Vice Chairman:	
Address:	
Director: Miss Destiny L Cochran	
Address: 239 Grant St SE #270	
Atlanta. GA 30312	
Director:	
SIOH	-1
Address: B. OFFICERS President: Address:	7
President:	ロ
Address:	\
Ö	
Vice President:	
Address:	
Secretary: Miss Alyshia Wiggins	
Address: 1015 NW 21st Ave. Apt 206. Gainesville. FL 32609	
Treasurer:	
Address:	
Address.	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)	
(E()) $E(A)$ $A(A)$ $A(A)$ $A(A)$	
(Typed or printed name and capacity of person signing application)	

Control Number: 15112330

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

UP WE GO 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

: 13528185 : 11/30/2015 : Georgia : 10/15/2016 : 211



Brian P. Kemp Secretary of State