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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| | | |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to CEGA. N | Filing Officer: | 944 |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 2, 2016

KIMBERLY HOPKINS 6441 S. CHIKASAW TRAIL ORLANDO, FL 32829

SUBJECT: AND I'M STILL STANDING, INC.

Ref. Number: W16000074244

We have received your document for AND I'M STILL STANDING, INC. and your check(s) totaling \$87.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a statement containing the purpose(s) authorized by the jurisdiction of its incorporation, of which it intends to pursue in this state, pursuant to 617.1503(d), Florida Statutes.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 016A00023523

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|--|--|--|
| SUBJECT: And I'm still Standing. Inc., Name of Corporation - must include suffix | | | |
| Dear Sir or Madam: | | | |
| The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida. | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| Kinherly Hopkins Name of Person | | | |
| Firm/Company | | | |
| 6441 S. CHIVA SAW TRAN | | | |
| ORIANDO 41 32829 City/State and Zip Code | | | |
| E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| Winberly Hopkins at (407) 286-8894 Name of Person at (407) 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 amount: | | | |
| S70.00 Filing Fee S78.75 Filing Fee & S78.75 Filing Fee & Certificate of Status Certified Copy Certified Copy S70.00 Filing Fee & S70.00 Filing Fee & Certified Copy Certified Copy | | | |

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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: (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.) (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) the law of which it is incorporated) (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.) (Current mailing address, if different) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Office Address: 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated comporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

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: | |
| | |
| B. OFFICERS | |
| President: hlubery to NS | |
| Address: 644 S. Chikasaw TRAI | |
| OKIAndo 41 32824 | TAILE 42 |
| Vice President: | · · · · · · · · · · · · · · · · · · · |
| Address: | |
| | |
| Secretary: Dennis Sherrod | |
| | 07470 |
| Treasurer: NONNE I XIIIICS | (1 0); |
| Address: 257 Ivonwood I vive Stockbridge | 6A 36281 |
| NOTE: If necessary, you may attach an addendum to the application listing/addit | ional/officers and/or directors. |
| 13. Nome 2 Cember 17 tol | OKANA Dennis Sherra |
| (Signature of Chairman, Vice Chairman, or any officer listed in number | r 12 of the application) |
| 14. / VOME TOUGIGS I'M DERLI H | onkins Dennis Sverrod |

Control Number: 16025444

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

And I'm Still Standing, 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

 Jurisdiction
 : Georgia

 Print Date
 : 11/03/2016

 Form Number
 : 211

: 13556932

: 03/08/2016



B: P. Kemp Secretary of State