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M. MILLIGAN JAN 20 2017

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: SOUTHEAST DAIRY HERD MYROUG MENT
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:
GARY 5. KEYES Name of Person
POLES. SOUTHEAST DHIA, INC.
221 LAXLK AVE. Address
GROOKSVIZZE, FL. 3460) City/State and Zip Code
e-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CARY KEYES at (35) 279-6120 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 amount:
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status

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 corpor	ation: must include the word "INCORPORATED" or "CORPORATION" or word ge as will clearly indicate that it is a corporation instead of a natural person or part esent. "Company" or "Co." may not be used as a corporate suffix by a nonprofit co	s or abbreviations of like nership if not so contained
	ilable in Florida, enter alternate corporate name adopted for the purpose of transac	
2. (State or coun	FOR-GIA (FEI number, if appropriated) 3. 58-13347	l O 7
4. <u> </u>	eate of Incorporation) 5. N/A (Date of duration, if oth	ner than perpetual)
	NUARY 31 ⁵ 7 200 acted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S.	
	LARY AVE. BLOOYSVIZLE, FZ. (Principal office address)	
PRINTE	BOX 142460 GAINESVILLE, F (Current mailing address, if different) DE DATA COLLECTION TERVICES	TO DAIRY
8. Purpose(s) of c	orporation authorized in home state or country to be carried out in the state of Flor	PURPOSES.
	SANY KEYES , PALES.	
Name:	SOUTHERST DIMIA, INC.	
-	500THEAST DIHIA, 146. 221 LAVY AVE. BROOKSVILLE, Florida 3460 (City) (Zip.)	7) Code)
Having been nat designated in the further agree to	agent's acceptance: med as registered agent and to accept service of process for the above sto is application, I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proper and com familiar with and accept the obligations of my position as registered ag	ated corporation at the place agree to act in this capacity. I plete performance of my
	(Registered agent's signature)	
11. Attached is	a certificate of existence duly authenticated, not more than 90 days prior to	o 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.

SOUTHEADT DAIRY HERD

) ~ PROVEMENT ASSOCIATION, INC.

12. Names and addresses of officers and/or directors

A.	DIRECTORS	

hairman:	
ddress:	
ice Chairman:	
ddress:	
virector:	- Verti
ddress:	188 y 4
lirector:	9 70 12
ddress:	9
cresident: GARY KEYES address: 221 LARK AVE.	
GROOKSVILLE, FL. 34601 Tice President: MARK RODGERS	
ddress: 4015 IRON HILL ROAD.	
DEARING, GA. 30808	
ecretary: ED 5) LBA	
ddress: 90 FORT WADE RD. SUITE 175, PONTE VED	DRA, FL. 3208
reasurer: ED. HENDERSON	
ddress: 16540 68+2 PLACE, LIVE DAY, FZ.	32060
NOTE: If necessary, you may attach an addendum to the application listing additional officers	
3. Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the ap	oplication)
4 GARY REYES PRES.	
(Typed or printed name and capacity of person signing application)	

Control Number: H806190

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

SOUTHEAST DAIRY HERD IMPROVEMENT ASSOCIATION, 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

: 13816667 : 06/21/1978 : Georgia : 01/13/2017 : 211



Brian P. Kemp Secretary of State