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S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNITED STATES OF AMERICA REPUBLIC CORPORATION
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:

Albert Griffin: Bey

Name of Person

Province of Florida

Firm/Company

233 SW Quail Ridge Court

Address

Lake City, Florida 32024

City/State and Zip Code

province.flo.gov@gmail.com

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Albert-Griffin: Bey

at (386)

466-9456

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 & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. UNITED STATES OF AMERICA REPUBLIC CORPORATION

(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)

2. Indiana 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 14, 2015 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 233 SW Quail Ridge Court, Lake City, Florida 32024
(Principal office address)

P.O. Box 923, Lake City, Florida 32056

(Current mailing address, if different)

8. Public Benefit Corporation - Uplifting Fallen Humanity.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Albert Griffin Bey

Office Address: 233 SW Quail Ridge Court
Lake City, Florida 32024
(City) (Zip Code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation 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.

ALBERT J. GRIFFIN BEY
(Registered agent's signature)

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.

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12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Albert-Griffin Bey
233 SW Quail Ridge Court, Lake City, Florida 32024
Address: _____

Vice Chairman: William-Salter, III: El
233 SW Quail Ridge Court, Lake City, Florida 32024
Address: _____

Director: Paul-Murray: Bey
233 SW Quail Ridge Court, Lake City, Florida 32024
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: Christopher H-Cannon: Bey
3336 West 164th Street, Chicago, Illinois 60628
Address: _____

Vice President: _____
Address: _____

Secretary: Ross-Woody, Jr.: Bey
3336 West 164th Street, Chicago, Illinois 60628
Address: _____

Treasurer: _____
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. ALBERT GRIFFIN BEY
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ALBERT S. GRIFFIN BEY
(Typed or printed name and capacity of person signing application)

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**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

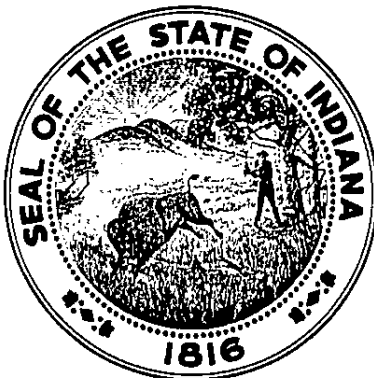
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

UNITED STATES OF AMERICA REPUBLIC CORPORATION

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on April 14, 2015, and was in existence or authorized to transact business in the State of Indiana on April 22, 2017.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, April 22, 2017

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

2015041500069 / 2017286180

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>

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TALLAHASSEE, FLORIDA
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