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SECRETARY OF STATE
AND ALLASSEE FLORIDA

S. WARREN JUN 2 6 2017

## COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT: The Diehold Foundation, Inc.
5050	Name of Corporation – must include suffix
Dear S	ir or Madam:
Affairs	closed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to r the above referenced not for profit corporation to conduct its affairs in Florida.
Please	return all correspondence concerning this matter to the following:
	Douglas Vogt
	Name of Person
	The Diehold Foundation, Inc.
	Firm/Company
	11250 Old St. Augustine Rd. #3
	Suite 133
	Address
	Jacksonville, FL 32257
	City/State and Zip Code
	info@dieholdfoundation.com
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
Dougl	as Vogt 904 660-7457 at ( )
	Name of Person Area Code Daytime Telephone Number
	MAILING ADDRESS: Registration SectionSTREET/COURIER ADDRESS: Registration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301
Enclos	ed is a check for the following amount:
□ \$70	0.00 Filing Fee S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status Certified Copy 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.	Foundation, Incorporated.			
(Name of corpor	ration: must include the word "INCO	RPORATED" or "Co	ORPORATION" or words	or abbreviations of like
import in langua	ige as will clearly indicate that it is a resent. "Company" or "Co." may not	corporation instead of be used as a corpora	of a natural person or partr te suffix by a nonprofit co	rporation.)
•	, ,	1	· · · · · · · · · · · · · · · · · · ·	
(If name unava	ilable in Florida, enter alternate corp	orate name adopted t	for the purpose of transact	ing business in Florida)
,		•		,
2. Washington		3 <sup>91-11878</sup>	325	
(State or cour	ntry under the law of which it is incor	porated)	(FEI number, if app	licable)
4. January 9, 199	7 Date of Incorporation)	5.		
	Date of Incorporation)		(Date of duration, if other	er than perpetual)
6. None yet.				
(Date first cond	ucted affairs in Florida if prior to regist	tration. See sections 6	17.1501 & 617.1502, F.S,	to determine penalty liability.)
7 12349 Shady E	Bridge Trail, Jacksonville, FL 32258			
1.	(	Principal office addr	ess)	
11250 014 61	Avanatina Dd. #2 Suita 122 Inakaa			
11230 Old St.	Augustine Rd. #3, Suite 133, Jackson	nt mailing address, if	different	
	(Cure	m maning address, n	unierem)	
				三 经
8. Science Found	ation to study the causes of the geom	nagnetic reversals and	ice ages.	
(Purpose(s) of o	corporation authorized in home state	or country to be carr	ied out in the state of Flori	ida) R. Z3
Name and stre	eet address of Florida registered a	gent: (P () Roy N	OT acceptable)	rin <sup>ere</sup> rin
5. Name and <u>sq</u>	<u>set address</u> of 1 forfda registered a	10. Box 14	OT acceptable)	
Name	Douglas B. Vogt			01. 11.8 14.
Name:	Douglas B. Vogt	<u> </u>		
Office Address:	12349 Shady Bridge Trail			>
	Jacksonville	, Flori	da	
	(City)		(Zip C	lode)
10 Dogistand	acontic accentance			
Having been na	agent's acceptance:  med as registered agent and to a	accept service of pr	ocess for the above sta	ted corporation at the place
designated in th	is application, I hereby accept the comply with the provisions of all	ie appointment as	registered agent and ag	gree to act in this capacity.
jurtner agree to duties. and I an	comply with the provisions of all familiar with and accept the ob	ll statutes relative i ligations of my po	to the proper and comp sition as registered age	viete performance of my ent.
, , , ,		-/ /		
		71 -A		
	Mengle	V COSP (		
	() (I	Registered agent's sig	nature)	<del></del>
11. Attached is	a certificate of existence duly aut	thenticated, not mo	re than 90 days prior to	delivery of this application

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

Douglas B. Vogt	
PO Box 56691	
Jacksonville, FL 32241	
Secretary: Susan Vogt	
PO Box 56691 ss:	
Jacksonville, FL 32241	
Victor Ardelean	
1425 W. Elm Street	
Lodi, CA 95242	
David Vogt	
11250 Old St. Augustine Rd. #15	
Suite 133, Jacksonville, FL 32257	
FFICERS	
ent:	23 (SSE
PO Box 56691 ss:	PH OF S FIL
Jacksonville, FL 32241	TATE ORID
David Vogt President:	<b>3</b>
11250 Old St. Augustine Rd. #15	
Suite 133, Jacksonville, FL 32257	
Susan Vogt	
PO Box 56691, Jacksonville, FL 32241	
Douglas B. Vogt	
PO Box 56691, Jacksonville, FL 32241	
E: If necessary, you may attach an addendum to the application listing	additional officers and/or director

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



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE

**OF** 

#### THE DIEHOLD FOUNDATION

**I FURTHER CERTIFY** that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 1/9/1997.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Date: June 15, 2017

UBI: 601-761-277

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

