

#### COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT: LAAPA Foundation Incorporated

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:

| Karen So                               | eker                             |                           |  |  |  |
|--|----------------------------------|---------------------------|--|--|--|
|  | Name of                          | Person                    |  | +#   |  |
| IAAPA                                  |                                  | :                         |  | _  |  |
|  | Firm/Co                          | mpany                     |  |  |  |
| . 9205 So                              | uthpark Center Loop              |                           |  |  |  |
| Ste 300                                |                                  |                           |  | <u> </u>   |  |
|  | Add                              | ress                      |  |  |  |
| Orlando                                | , FL 32819                       |                           |  |  |  |
|  | City/State an                    | d Zip Code                |  |  |  |
| ksecker(                               | ljianpa.org                      |                           |  |  |  |
| E-n                                    | nail address: (to be used for fi | uture annual re           | port notificati                              | on)  |  |
| Rog forther information                | concerning this matter, pleas    | e call:                   |  |  |  |
| For further anotherite.                |                                  |                           | 19-7604                                      |  |  |
| Karen Secker                           | at (                             | · - ·                     |  | phone Number   |  |
| Name                                   | of Person                        | Area Code &               | Daytime Tel                                  | sphone Humber  |  |
| MAILING AL                             | N                                | lew Filing See            | URIER ADDRESS:                               |  |  |
| Division of Corporations               |                                  |                           | Division of Corporations<br>Clifton Building |  |  |
| P.O. Box 6327                          |                                  | 2                         | 2661 Executive Center Circle                 |  |  |
| Tallahassee, Fl                        | Tallahassee, FL 32301            |                           |  |  |  |
| Enclosed is a check for                | the following amount:            |                           |  |  |  |
| <ul> <li>\$70.00 Filing Fee</li> </ul> | Certificate of Status            | □\$78.75 Fil<br>Certified |  | \$87.50 Filing Fee,<br>Certificate of Status &<br>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:

IAAPA Foundation Incorporated

| le in Florida, enter alternate corporate name  | adopted for the purpose of transacting business in Florida)  |
|--|--|
|  |  |
| under the law of which it is inorporated)  | (FEI number, if applicable)  |
|  |  |
| of Incorporation)  | (Duration: Year corp. will cease to exist or "perpetual")  |
|  |  |
| The second s | sections 617 1501 & 617 1502 F.S. to determine penalty hability  |
|  | 2.   |
| enter Loop, Ste 300, Orlando FL 32819  | <u> </u>   |
| (Principal o   | office address)  |
| Water Loop, Std 300, Orlando FL 32819  | mailing uldress)   |
|  | mailing widress)   |
| (  | 5  |
| a have a set for the extensions industry   |  |
| n and research for the attractions mousity.  | to be corrigid within the state of Florida)  |
| poration authorized in nome state of country   | to be carried but at the state of the terior,  |
| address of Florida registered agent; (P.C  | O. Box NOT acceptable)   |
| ROOLONT OF LEAVING LEBUTCHED RELITING  |  |
| C T Corporation System   | <i>2</i>   |
| 0. Outpet-ter -,   | <b></b>  |
|  |  |
| 1200 South Pine Island Road  |  |
| 1200 South Pine Island Road  |  |
|  | 3.<br>Tunder the law of which it is incorporated)<br>5.<br>5.<br>5.<br>5.<br>5.<br>5.<br>6.<br>6.<br>6.<br>6.<br>6.<br>6.<br>6.<br>6.<br>7.<br>7.<br>7.<br>7.<br>7.<br>7.<br>7.<br>7.<br>7.<br>7 |

10. Registered agent's acceptance:

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.

(City)



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.

(Zip Code)

| 12. | Names | and a | iddresses. | ofe | officers | and/or | directors |
|-----|-------|-------|------------|-----|----------|--------|-----------|
|-----|-------|-------|------------|-----|----------|--------|-----------|

#### A. DIRECTORS

Jane Cooper Chairman:\_

9205 Southpark Center Loop Ste 300 Address:\_\_\_\_\_

Orlando, FL 32819

Vice Chairman: Jim Seay

9205 Southpark Center Loop Ste 300 Address:\_\_\_\_\_

Orlando, FL 32819

Debornh Eicher Director:

9205 Southpark Center Loop Ste 300 Address:

Orlando, FL 32819

Phil Lindsey

9205 Southpark Center Loop Ste 300 Address:

Orlando, FL 32819

#### **B. OFFICERS**

| President:   | E S TI |
|--|--------|
| 9205 Southpark Center Loop Ste 300<br>Address:                   |        |
| Orlando, FL 32819  | m ~ n  |
| Tom Wages<br>Vice President:                                     | E D    |
| 205 Southpark Center Loop Ste 300, Orlando, FL 32819<br>Address: |        |
|  | 3      |

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Gina Romano Secretary:

9205 Southpark Center Loop Ste 300, Orlando, FL 32819 Address:

Gina Romano Treasurer:

9205 Southpark Center Loop Ste 300, Orlando, FL 32819 Address:

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

₩ 13.\_\_\_

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Paul Noland, President

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

Commonwealth & Dirginia



# State Corporation Commission

## CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That IAAPA FOUNDATION is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is October 24, 2008;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

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Signed and Sealed at Richmond on this Date: September 13, 2017

Joel H. Peck, Clerk of the Commission

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