

F17000005796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

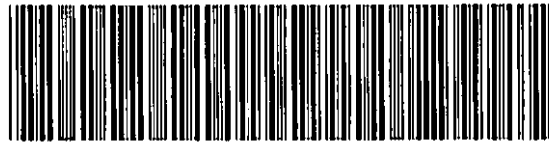
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SAN JOSE, CALIFORNIA

S. WARREN

DEC 27 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE AFLAC FOUNDATION, 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:

AMY BIBBY

\_\_\_\_\_  
Name of Person

DIXON HUGHES GOODMAN

\_\_\_\_\_  
Firm/Company

500 RIDGEFIELD COURT

\_\_\_\_\_  
Address

ASHEVILLE/NC 28806

\_\_\_\_\_  
City/State and Zip Code

amy.bibby@dhgllp.com

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

For further information concerning this matter, please call:

AMY BIBBY

\_\_\_\_\_  
Name of Person

at ( 828 )  
Area Code

236-5797

\_\_\_\_\_  
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. THE AFLAC FOUNDATION, INCORPORATED

(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. GEORGIA

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 11/24/1999

(Date of Incorporation)

5.

(Date of duration, if other than perpetual)

6. NONE TO DATE

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

7. 1932 WYNNTON ROAD, COLUMBUS, GEORGIA 31999

(Principal office address)

(Current mailing address, if different)

8. CHARITABLE CONTRIBUTION SOLICITATION

(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: C T CORPORATION SYSTEM

Office Address: 1200 SOUTH PINE ISLAND ROAD

PLANTATION

(City)

, Florida 33324

(Zip Code)

17 DEC 26 PM 4: 29

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.

  
(Registered agent's signature)

Danny Verdecchia  
Assistant Secretary

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: ERIC SELDON  
Address: 1932 WYNNNTON ROAD  
COLUMBUS, GA 31999

Vice Chairman: BRIAN ABYTA  
Address: 1932 WYNNNTON ROAD  
COLUMBUS, GA 31999

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: \_\_\_\_\_  
Address: \_\_\_\_\_

**B. OFFICERS**


President: KATHLEEN AMOS  
Address: 1932 WYNNNTON ROAD  
COLUMBUS, GA 31999

Vice President: AUDREY TILLMAN  
Address: 1932 WYNNNTON ROAD  
COLUMBUS, GA 31999

Secretary: ALFRED BLACKMAR  
Address: 1932 WYNNNTON ROAD, COLUMBUS, GA 31999

Treasurer: TERESA WHITE  
Address: 1932 WYNNNTON ROAD, COLUMBUS, GA 31999

**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. Alfred Blackmar, Secretary of The Aflac Foundation, Inc.  
(Typed or printed name and capacity of person signing application)

# 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

#### **THE AFLAC FOUNDATION, 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 : 14973745  
Date Inc/Auth/Filed: 11/24/1999  
Jurisdiction : Georgia  
Print Date : 12/01/2017  
Form Number : 211



Brian P. Kemp  
Secretary of State