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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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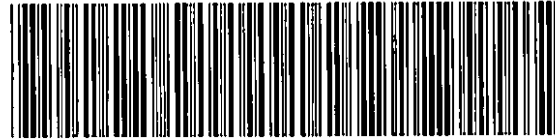
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COALFIELD DEVELOPMENT 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:

SAMUEL SARCONI, CHIEF FINANCIAL OFFICER

Name of Person

COALFIELD DEVELOPMENT CORPORATION

Firm/Company

PO BOX 1133

Address

WAYNE, WV 25570

City/State and Zip Code

FINANCE@COALFIELD-DEVELOPMENT.ORG

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

For further information concerning this matter, please call:

SAMUEL SARCONI

Name of Person

at (304 )  
Area Code

932-2635

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:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$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:

COALFIELD DEVELOPMENT CORPORATION

1. \_\_\_\_\_  
(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. WEST VIRGINIA 3. 26-3836207  
(State or country under the law of which it is incorporated) (FEI number, if applicable)  
4. 02/19/2009 5. PERPETUAL  
(Date of Incorporation) (Date of duration, if other than perpetual)

NO AFFAIRS CONDUCTED PRIOR TO REGISTRATION

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

7. 312 HALL ST. WAYNE, WV 25570  
\_\_\_\_\_  
(Principal office address)

PO BOX 1133, WAYNE, WV 25570  
\_\_\_\_\_  
(Current mailing address, if different)

8. PROMOTE WORKFORCE DEVELOPMENT AND SKILLS TRAINING  
(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: Registered Agents Inc  
Office Address: 3030 N. Rocky Point Dr. STE 150A  
Tampa, Florida 33607  
(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.*



Bill Havre - Assistant Secretary  
(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.

12. Names and addresses of officers and/or directors

**A. DIRECTORS**

LARRY CASTLE, PRESIDENT OF THE BOARD OF DIRECTORS

Chairman: \_\_\_\_\_  
PO BOX 1133  
Address: \_\_\_\_\_  
WAYNE, WV 25570

ROBERT "KENNY" HANN, VICE PRESIDENT OF THE BOARD OF DIRECTORS

Vice Chairman: \_\_\_\_\_  
PO BOX 1133  
Address: \_\_\_\_\_  
WAYNE, WV 25570

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

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

**B. OFFICERS**

BRANDON DENNISON, CHIEF EXECUTIVE OFFICER

President: \_\_\_\_\_  
PO BOX 1133  
Address: \_\_\_\_\_  
WAYNE, WV 25570

SAMUEL SARCONI, CHIEF FINANCIAL OFFICER

Vice President: \_\_\_\_\_  
PO BOX 1133  
Address: \_\_\_\_\_  
WAYNE, WV 25570

CHARLES THOMAS

Secretary: \_\_\_\_\_  
PO BOX 1133, WAYNE, WV 25570  
Address: \_\_\_\_\_  
JOETTA HATFIELD

Treasurer: \_\_\_\_\_  
PO BOX 1133, WAYNE, WV 25570  
Address: \_\_\_\_\_

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

13. Samuel Sarcone, CFO 2/16/2018  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  
SAMUEL SARCONI, CHIEF FINANCIAL OFFICER

14. \_\_\_\_\_  
(Typed or printed name and capacity of person signing application)

# State of West Virginia



## Certificate

*I, Mac Warner, Secretary of State of the State of  
West Virginia, hereby certify that*

**COALFIELD DEVELOPMENT CORPORATION**

was incorporated under the laws of West Virginia and a Certificate of Incorporation  
was issued by the West Virginia Secretary of State's Office on February 19, 2009

I further certify that the corporation has not been revoked or administratively dissolved  
by the State of West Virginia nor has the West Virginia Secretary of State issued  
Certificate of Dissolution to the corporation.

Accordingly, I hereby issue this Certificate of Existence

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## CERTIFICATE OF EXISTENCE

Validation ID:3WV5E\_Y3TPN



*Given under my hand and the  
Great Seal of the State of  
West Virginia on this day of*

*February 16, 2018*

*Mac Warner*

*Secretary of State*