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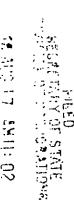
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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D CUSHING

COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: Wholeness Development Group 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: |
| Rochelle Lee Name of Person |
| Wholeness Development Group Inc. |
| 2641 Legacy Villas Do |
| |
| Address Maitland FL 3275/ City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) Eor further information concerning this matter, please call: |
| For further information concerning this matter, please call: |
| Mochelle R. LEE at (404) 437-0475 Name of Person at (404) 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 |

□\$78.75 Filing Fee & Certified Copy

☐ \$87.50 Filing Fee.

Certified Copy

Certificate of Status &

Enclosed is a check for the following amount:

\$\$78.75 Filing Fee &

Certificate of Status

■ \$70.00 Filing Fee

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 SUBMITT REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT | | IRS I:N |
|--|----------------------------|--|
| THE STATE OF FLORIDA: 1. Whole ness Development Group Incorpora | ted | |
| (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviation import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.) | ons of like o contained | |
| (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in | ı Florida) | |
| State or country under the law of which it is incorporated) 3. 35-2283069 (State or country under the law of which it is incorporated) (FEI number, if applicable) | | |
| 4. 11-3-2006 5. (Date of Incorporation) (Date of duration, if other than perpetu | | |
| | | |
| (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine pe | malty liabilii | ψ.) |
| 7. 235/ Shancey Lare College Park, GA 30349 | 2 | |
| 2641 Legacy Villas Dy Maittand Fl 32: | | |
| 8. Public Charity Life Coaching + Developm (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) | ent - | |
| 9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) | 第一 | |
| Name: Roche/le Lee Office Address: 2641 Legacy Villas Dr. Mait/and .Florida 3275/ (City) (Zip Code) | | |
| Office Address: 2641 Legacy Villas Dr. | £KIII: N2 | CTAT IATE |
| Florida 32/3/ (City) (Zip Code) | 9 | Tage Tage Tage Tage Tage Tage Tage Tage |
| 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporate designated in this application, I hereby accept the appointment as registered agent and agree to act in further agree to comply with the provisions of all statutes relative to the proper and complete perform duties, and I am familiar with and accept the obligations of my position as registered agent. | this capac | city. I_{-} |
| Pekelle X, Lee (Registered agent's signature) | | |
| (registered agent's significate) | | |

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: audrey Stewart |
| Address: f.O. Bol 82012 |
| Allanta Lorgia 30354 |
| Vice Chairman: Jacquelyn M. Hughen |
| Address: 1270 Chris Lake Dr. Lawrencevelle La 30046 |
| Jwinnett. |
| Director: |
| Address: |
| |
| Director: |
| Address: |
| President: Boclelle R. Lee Address: 2641 Legacy Villas Dr. Mailland Il 32151 |
| Vice President: |
| Address: |
| Secretary: Frederick Wilson |
| Address: 707 Fairelothe augusta, Leorgia 30809 |
| Treasurer: |
| 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. Rochelle Lee (Typed or printed name and capacity of person signing application) |

Control Number: 0694888

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

WHOLENESS DEVELOPMENT GROUP 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 : 16102984 Date Inc/Auth/Filed: 11/03/2006 Jurisdiction : Georgia Print Date : 08/13/2018

Form Number : 211



Brian P. Kemp Secretary of State