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11/2/18 DS

**A. KEL LONG, III**  
**HENDRICK, RASCOE, ZITRON & LONG, LLC**

ATTORNEYS AT LAW  
THE FORUM – SUITE 925  
3920 NORTHSIDE PARKWAY NW  
ATLANTA, GEORGIA 30327

Telephone: (404) 238-0174  
Facsimile: (866) 528-1513  
E-mail: [KEL@AKELLONG.COM](mailto:KEL@AKELLONG.COM)  
[WWW.HRZLFIRM.COM](http://WWW.HRZLFIRM.COM)

October 18, 2018

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**VIA CERTIFIED MAIL.**  
**RETURN RECEIPT REQUESTED**

Re: Dementia Spotlight Foundation, Inc.  
EIN: 81-2433400

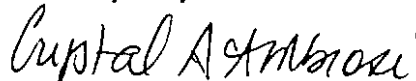
Dear Sir or Madam:

In accordance with § 617.1503(1) of the Florida Statutes, enclosed are the following documents:

- 1) Cover Letter;
- 2) Payment to you in the amount of \$78.75, representing the filing fee for the Foreign Non-Profit Corporation Business Registration and Certificate of Status; and
- 3) Original Certificate of Existence issued by the State of Georgia.

Please process the enclosed registration application and, if everything is in order, please issue your Certificate of Status upon registration of the subject Non-Profit Corporation to us.

Yours very truly,

  
Crystal A. Ambrosi  
Paralegal

:caa

Enclosures

cc: Whitney DeMarlo Oeltmann (via email with enclosures)  
Linda DeMarlo (via email with enclosures)  
A. Kel Long, III, Esq.

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DEMENTIA SPOTLIGHT 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:

A. KEL LONG, III  
Name of Person

A. KEL LONG, III, P.C.  
Firm/Company

HENDRICK RASCOE ZITRON & LONG, LLC

3290 NORTHSIDE PARKWAY NW, SUITE 925  
Address

ATLANTA, GA 30327  
City/State and Zip Code

OFFICE@AKELI.LONG.COM  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

A. KEL LONG, III at (404) 238-1074  
Name of Person Area Code 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. DEMENTIA SPOTLIGHT FOUNDATION, INC.
(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.)

DSF, INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. GEORGIA 3. 81-2433400
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 02/17/2016 5.
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 1180 OLDFIELD ROAD, DECATUR, GA 30030
(Principal office address)

(Current mailing address, if different)

8. Helping those with Dementia and those affected by them through Education, Workshops, Seminars, Counseling, etc.
(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: A. KEL LONG, III

Office Address: 837 INDIAN PASS ROAD

PORT ST. JOE, Florida 32546
(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.

[Signature]
(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.

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12. Names and addresses of officers and/or directors

**A. DIRECTORS**

Chairman: LINDA B. DEMARLO  
Address: 1752 LOGANS KNOLL NE  
ATLANTA, GA 30329

Vice Chairman: \_\_\_\_\_  
Address: \_\_\_\_\_

Director: WHITNEY DEMARLO OELTMANN  
Address: 1180 OLDFIELD ROAD  
DECATUR, GA 30030

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

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**B. OFFICERS**


President: WHITNEY DEMARLO OELTMANN  
Address: 1180 OLDFIELD ROAD  
DECATUR, GA 30030

Vice President: \_\_\_\_\_  
Address: \_\_\_\_\_

Secretary: A. KEL LONG, III  
Address: 3290 NORTHSIDE PARKWAY NW, SUITE 925, ATLANTA, GA 30327

Treasurer: WHITNEY DEMARLO OELTMANN  
Address: 1180 OLDFIELD ROAD, DECATUR, GA 30030

**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. A. KEL LONG, III S  
(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

**Dementia Spotlight 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.

2018 OCT 16 10:01 AM  
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Docket Number : 16256265  
Date Inc/Auth/Filed: 02/17/2016  
Jurisdiction : Georgia  
Print Date : 10/16/2018  
Form Number : 211



Brian P. Kemp  
Secretary of State