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| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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SECRETARY OF STATE
TALL AHASSEE FISHER

COVER LETTER

| | egistration Solvision of C | oction Corporations | | | |
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| | CT: Combat \ | • | | | |
| SUBJEC | JT: | Name of Corporat | ion – must ii | iclude suffix | |
| Dear Sir | or Madam: | | | | |
| Affairs in | Florida", "C | ation by Foreign Not for Profestion by Foreign Not for Profester, or "renced not for profit corpora | Certificate o | f Status" and ch | eck are submitted to |
| Please ret | urn all corre | spondence concerning this m | atter to the f | ollowing: | |
| | Char L | y Rodriguez | | | |
| | | Name o | of Person | | |
| | Comba | t Warriors Inc., | | | |
| | | Firm/C | Company | | |
| | Central | Florida Chapter | | | |
| | 719 Av | enida Sexta Apt# 107 | | | |
| | | Ad | dress | | |
| | Clermo | nt, Florida 34714 | | | |
| | | City/State a | nd Zip Code | | |
| | char.rod | riguez1974@gmail.com | | | |
| | E-1 | nail address: (to be used for | future annua | l report notifica | tion) |
| For furthe | r information | concerning this matter, plea | se call: | | |
| Char Ly F | | at (| 786 | 383-7734 | |
| | Name | of Person | Area Code | Daytime Tele | ephone Number |
| Ro D P. | IAILING AI egistration Se ivision of Co O. Box 6327 allahassee, FI | ection rporations | | Registration Se Division of Co Clifton Buildin | orporations ng c Center Circle |
| Enclosed i | s a check for | the following amount: | | | |
| □ \$ 70.00 | Filing Fee | ☐\$78.75 Filing Fee & Certificate of Status | | Filing Fee & ed Copy | ■ \$87.50 Filing Fee, Certificate of State 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:

| import in languing the in the name at p | oration: must include the word "INCORPORA age as will clearly indicate that it is a corpora present. "Company" or "Co." may not be used | tion instead of a natural person or partnership as a corporate suffix by a nonprofit corporat | o if not so contained |
|--|--|--|---|
| | ors Inc., Central Florida Chapter (preferred na | • | |
| (11 name unav | ailable in Florida, enter alternate corporate na | ine adopted for the purpose of transacting bu | siness in Florida) |
| 2. North Carolin | na | ₃ 45-5409315 | |
| (State or cou | ntry under the law of which it is incorporated | 3. 45-5409315 (FEI number, if applicable | :) |
| 15th Day of M | 1AY 2012 Date of Incorporation) | 5. Perpetual | |
| (1 | Date of Incorporation) | (Date of duration, if other than | perpetual) |
| N/A | | | |
| (Date first cond | ucted affairs in Florida if prior to registration. S | See sections 617.1501 & 617.1502, F.S. to dete | rmine penalty liability.) |
| 2132 Purnell f | Rd. Wake Forest, North Carolina 27587 | | |
| • | | office address) | |
| | , | , | |
| N/A | | | |
| | (Current mailir | ng address, if different) | |
| To honor and | Support emotionally and financially the com | mitment and courage of our combat veterans | |
| (Purpose(s) of | support, emotionally and financially, the com corporation authorized in home state or count eet address of Florida registered agent: (I | ry to be carried out in the state of Florida) | 2018 1 AL |
| (Purpose(s) of | corporation authorized in home state or count eet address of Florida registered agent: (I | ry to be carried out in the state of Florida) | 2010 DEC SECRETA |
| (Purpose(s) of a structure of the struct | corporation authorized in home state or count eet address of Florida registered agent: (I Char Ly Rodriguez | ry to be carried out in the state of Florida) | 2018 1 AL |
| (Purpose(s) of a structure of the struct | corporation authorized in home state or count eet address of Florida registered agent: (i Char Ly Rodriguez 719 Avenida Sexta Apt# 107 | ry to be carried out in the state of Florida) ³ .O. Box <u>NOT</u> acceptable) | 2010 DEC 17 SECRETARY 1 ALLAHASSE |
| (Purpose(s) of a structure of the struct | corporation authorized in home state or count eet address of Florida registered agent: (I Char Ly Rodriguez 719 Avenida Sexta Apt# 107 Clermont | ry to be carried out in the state of Florida) 2.O. Box NOT acceptable) Florida 34714 | 2018 1 AL |
| (Purpose(s) of a structure of the struct | corporation authorized in home state or count eet address of Florida registered agent: (i Char Ly Rodriguez 719 Avenida Sexta Apt# 107 | ry to be carried out in the state of Florida) ³ .O. Box <u>NOT</u> acceptable) | 2010 DEC 17 SECRETARY 1 ALLAHASSE |
| (Purpose(s) of one of the control of | corporation authorized in home state or count eet address of Florida registered agent: (i Char Ly Rodriguez 719 Avenida Sexta Apt# 107 Clermont (City) agent's acceptance: | ry to be carried out in the state of Florida) 2.O. Box <u>NOT</u> acceptable) , Florida 34714 (Zip Code) | 2010 DEC 7 PM 3: 53 SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| (Purpose(s) of a continuous conti | corporation authorized in home state or count eet address of Florida registered agent: (i Char Ly Rodriguez 719 Avenida Sexta Apt# 107 Clermont (City) agent's acceptance: med as registered agent and to accept se | ry to be carried out in the state of Florida) 2.O. Box NOT acceptable) , Florida 34714 (Zip Code) | 2010 DEC 17 PM 3: 53 the SECRETARY OF STATE 1ALLAHASSEE, FLORID. |
| (Purpose(s) of a (Purpo | corporation authorized in home state or count eet address of Florida registered agent: (i Char Ly Rodriguez 719 Avenida Sexta Apt# 107 Clermont (City) agent's acceptance: med as registered agent and to accept se is application, I hereby accept the appoi | ry to be carried out in the state of Florida) 2.O. Box NOT acceptable) , Florida 34714 (Zip Code) ervice of process for the above stated cointment as registered agent and agree to a relative to the proper and complete personal complete p | 2010 DEC 17 PM 3: 53 SECRETARY OF STATE TALLAHASSEE, FLORID: reportation at the place |
| (Purpose(s) of a (Purpo | corporation authorized in home state or count eet address of Florida registered agent: (i Char Ly Rodriguez 719 Avenida Sexta Apt# 107 Clermont (City) agent's acceptance: med as registered agent and to accept se is application. I hereby accept the appoin | ry to be carried out in the state of Florida) 2.O. Box NOT acceptable) , Florida 34714 (Zip Code) ervice of process for the above stated cointment as registered agent and agree to a relative to the proper and complete personal complete p | 2010 DEC 17 PM 3: 53 SECRETARY OF STATE TALLAHASSEE, FLORID: reportation at the place |
| (Purpose(s) of Name and str Name: Mame: ffice Address: 0. Registered aving been natisignated in the | corporation authorized in home state or count eet address of Florida registered agent: (i Char Ly Rodriguez 719 Avenida Sexta Apt# 107 Clermont (City) agent's acceptance: med as registered agent and to accept se is application, I hereby accept the appoi | ry to be carried out in the state of Florida) 2.O. Box NOT acceptable) , Florida 34714 (Zip Code) ervice of process for the above stated cointment as registered agent and agree to a relative to the proper and complete personal complete p | 2010 DEC 17 PM 3: 53 SECRETARY OF STATE TALLAHASSEE, FLORID: reportation at the place |
| (Purpose(s) of a (Purpo | corporation authorized in home state or count eet address of Florida registered agent: (i Char Ly Rodriguez 719 Avenida Sexta Apt# 107 Clermont (City) agent's acceptance: med as registered agent and to accept se is application, I hereby accept the appoi | ry to be carried out in the state of Florida) 2.O. Box NOT acceptable) , Florida 34714 (Zip Code) ervice of process for the above stated cointment as registered agent and agree to a relative to the proper and complete personal complete p | 2010 DEC 17 PM 3: 53 SECRETARY OF STATE TALLAHASSEE, FLORID: reportation at the place |

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this applicat 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 | |
|---|---------------------------|
| William E. Warren III Chairman: | |
| 34554 US HWY 264 Address: | |
| Engelhard, North Carolina 27824 | |
| Clay Culpepper Vice Chairman: | |
| 711 Grove Ave | |
| Raleigh, North Carolina 27606 | |
| Gene Plesents Director: | |
| 3710 Lassiter Mill Rd. Address: | |
| Raleigh, North Carloina 27609 | |
| Ronnie Bernett Director: | |
| 4708 Holland Church Rd. Address: | |
| Raleigh, North Carolina 27604 | |
| B. OFFICERS Char Ly Rodriguez President: | |
| 719 Avenida Sexta Apt# 107 | N |
| Address:Clermont, Florida 34714 | |
| Daniel De la Fé Vice President: | PETA AHA |
| 15545 Miami Lakeway N. Address: | SSEE O |
| Miami, Florida 33014 | FST & |
| Fredrick Whitten Secretary: | <u> </u> |
| 223 W. Orlando St. Orlando, Florida 32804 Address: | |
| Mabel Rodriguez Treasurer: | |
| 719 Avenida Sexta Apt#107 Clermont, Florida 34714 Address: | |
| NOTE: If necessary you may attach an addendum to the application listing additional or | fficers and/or directors. |
| (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of | the application) |
| 14. William E. Warren III, Chairmen (Typed or printed name and capacity of person signing application) | on) |



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

l, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

COMBAT WARRIORS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 15th day of May, 2012, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 26th day of November, 2018.

Elaine I. Marshall

Secretary of State

Certification# 103531946-1 Reference# 14873223- Page: 1 of 1 Verify this certificate online at http://www.sosnc.gov/verification