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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FOUNDATION FOR LEGACY PLANNING, 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:

ALLAN HARKNESS

Name of Person

FOUNDATION FOR LEGACY PLANNING, INC.

Firm/Company

4475 US 1 SOUTH, SUITE 207

Address

ST. AUGUSTINE, FL 32086

City/State and Zip Code

Allan@legacy-planning.org

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

For further information concerning this matter, please call:

MARY ELIZABETH M. BROWDER

Name of Person

at ( 302 )  
Area Code

656-8162

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$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. FOUNDATION FOR LEGACY PLANNING, 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.)

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

2. DELAWARE 3. 82-2359674  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/01/2017 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. 4475 US 1 SOUTH, SUITE 207, ST. AUGUSTINE, FL 32086  
(Principal office street address)

(Current mailing address, if different)

8. **CHARITABLE PLANNING, EDUCATION AND CONSULTING FOR DONORS**  
(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: ALLAN HARKNESS

Office Address: 4475 US 1 SOUTH, SUITE 207  
ST. AUGUSTINE, Florida 32086  
(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.*

  
(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

☐ Chairman Name: ALLAN HARKNESS  
☐ Vice Chairman Address: 4475 US 1 SOUTH, SUITE 207  
☒ Director ST. AUGUSTINE, FL 32086  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: MARGARET HARKNESS  
☐ Vice Chairman Address: 4475 US 1 SOUTH, SUITE 207  
☒ Director ST. AUGUSTINE, FL 32086  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: ALLISON HARKNESS  
☐ Vice Chairman Address: 4475 US 1 SOUTH, SUITE 207  
☒ Director ST. AUGUSTINE, FL 32086  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: MICHAEL CROUGH  
☐ Vice Chairman Address: 4475 US 1 SOUTH, SUITE 207  
☒ Director ST. AUGUSTINE, FL 32086  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: MICHAEL D. STAR  
☐ Vice Chairman Address: 2422 SOUTH ATLANTIC AVE  
☒ Director DAYTONA BEACH, FL 32118  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: \_\_\_\_\_  
☐ Vice Chairman Address: \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. *Allan Harkness*  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. ALLAN HARKNESS, DIRECTOR  
(Typed or printed name and capacity of person signing application)

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY "FOUNDATION FOR LEGACY PLANNING, INC."  
IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS  
IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE  
RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF APRIL,  
A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION  
IS AN EXEMPT CORPORATION.



7359519 8300C

SR# 20192958809

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202668174

Date: 04-18-19

**Affidavit**  
**Foundation For Legacy Planning, Inc.**  
**A Florida Corporation**

I, Allan Harkness, ("Affiant"), a Director of the Foundation for Legacy Planning, Inc., a Florida Corporation (the "Florida Corporation"), hereby state as follows:

1. The Florida Corporation hereby waives its statutory right to revoke its dissolution as permitted by Section 617.1404 of the Florida Statutes.
2. The Florida Corporation hereby authorizes the immediate assumption and use of the corporate name by the newly formed Delaware Corporation (with the same name).

Witness:

*Margaret Harkness*  
MARGARET HARKNESS

*Allan L Harkness*  
Allan Harkness

Notarized on Page 2

**FLORIDA JURAT**  
**FS 117.05**

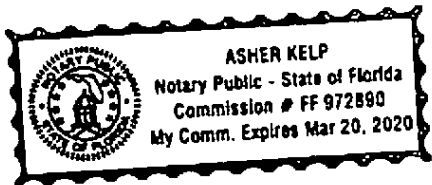
State of Florida

County of St. Johns }

Sworn to (or affirmed) and subscribed before me this

19<sup>th</sup> day of April, 2019  
Day Month Year

by Allan Lawson Harkness  
Name of Person Swearing or Affirming



[Signature]  
Signature of Notary Public — State of Florida

Asher Kelp

Name of Notary Typed, Printed or Stamped

- ☐ Personally Known  
☒ Produced Identification

Type of Identification Produced: FLDL

Place Notary Seal Stamp Above

**OPTIONAL**

*Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

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