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	egistration Section ivision of Corporations				
SUBJEC	$\mathbf{T}_{\mathbf{T}}$ WILD AFRICA FOUNDATION CORPORATION				
50000	Name of Corporation – must in	nclude suffix	<u></u>		-
Dear Sir o	or Madam;				
Affairs in	sed "Application by Foreign Not for Profit Corporation Florida", "Certificate of Existence", or "Certificate of e above referenced not for profit corporation to condu	f Status" and chec	k are sub	nduct its mitted t	0
Please retu	urn all correspondence concerning this matter to the f	ollowing:			
	ELIZABETH HESS				
	Name of Person				
	WILD AFRICA FOUNDATION CORPORATION				
	Firm/Company				
	11145 WINDSOR ROAD				
	Address				
				20	
	JJAMSVILLE, MD 21754		- 	2019 AUG	.erg#Vit
	City/State and Zip Code	e	· <u>-</u>	is 2	4 () 2234 4454
	LABDRIVER@GMAIL.OM			δ	. 4
F C (E-mail address: (to be used for future annua	al report notificati	ion)	PH H:	in the state of th
ror iumnei	r information concerning this matter, please call:		: - '	29	
ELIZABE		477-9559			
- ·	Name of Person at () Area Code	Daytime Telep	ohone Nu	mber	
Re Di P.0	AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 Illahassee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	ction porations g Center C		SS:
Please make		ATE Filing Fee & Tied Copy			f Status &

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 CONDUCTITS AFFAIRS IN THE STATE OF FLORIDA:

If name unava	illable in Florida, enter alternate corporate i	name adopted for the purpose of transacting business in Florida)
NEW JERSE	Υ	d) (FEI number, if applicable)
08/09/2018	Note of Incomparation)	5. (Date of duration, if other than perpetual)
(1	zae of incorporation)	(Date of duration, it other than perpetual)
13		See sections 617.1501 & 617.1502. F.S. to determine penalty liabili
		See sections 617,1201 & 617,1202, F.S. to determine penalty liabili
Garden Place	: Flemington, NJ 08822	
	(Principal	office street address)
	(Current mai	ing address, if different)
	(Current mai	ing address, if different)
nika nwamenak		
	s of wildlife crisis in Africa and raise funds	for conservation activities
	s of wildlife crisis in Africa and raise funds	for conservation activities attraction to be carried out in the state of Florida)
Purpose(s) of	s of wildlife crisis in Africa and raise funds	for conservation activities attraction to be carried out in the state of Florida)
Surpose(s) of stane and str	s of wildlife crisis in Africa and raise funds corporation authorized in home state or cou-	for conservation activities atry to be carried out in the state of Florida) P.O. Box NOT acceptable)
Surpose(s) of same and str	s of wildlife crisis in Africa and raise funds corporation authorized in home state or couest address of Florida registered agent:	for conservation activities otry to be carried out in the state of Florida) P.O. Box NOT acceptable)
Same and str	s of wildlife crisis in Africa and raise funds corporation authorized in home state or couest address of Florida registered agent:	for conservation activities otry to be carried out in the state of Florida) P.O. Box NOT acceptable)
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Name: Registered	s of wildlife crisis in Africa and raise funds corporation authorized in home state or coulect address of Florida registered agent: Registered Agents, Inc. 7901 4th St N, Suite 300 St Petersburg (City) Lagent's acceptance:	for conservation activities otry to be carried out in the state of Florida) P.O. Box NOT acceptable) P.O. Box NOT acceptable P.O. Box NOT acceptable)
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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. DIRECTOR					
□Chairman	Name: Shannon Marnell	□Chairman	Name: Michelle Fuoco Address: 3904 W De Leon St		
□Vice Chairman	Address: 2 Garden Place	□Vice Chairman			
□Director	Flemington, NJ 08822	■Director	Tampa, FL 33609		
■President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	☐Secretary		□Treasurer	
□Other:	☐ Other:	Other:		☐ Other:	
□Chairman	Name: Elizabeth Hess	□Chairman	Name: _		
□Vice Chairman	Address: 11145 Windsor Road	□Vice Chairman			
□Director	ljamsville, MD 21754	□Director			
□President		□President			
□Vice President		□Vice President			
■ Secretary	□Treasurer	☐Secretary		□Treasurer	
□Other:	Other;	□ Other:		□ Other:	
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairman		2019 AUG 26 Ph	
□Director		□Director			
□President		□President		- 	
□Vice President		□Vice President			
□Secretary	□Treasurer	□Secretary		□Treasurer	
Other:	Other:	Other:		☐ Other:	
Non-indexed indiv	Notice: Use an attachment to report more than six riduals may be added to the index when filing your (Signature of Chairman, Vice Chairman, or any offss, Secretary (Typed or printed name and capacity of pe	Florida Department of ficer listed in number	of State An	nual Report form.	

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

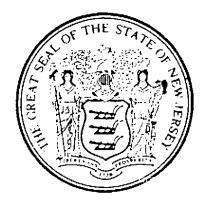
WILD AFRICA FOUNDATION CORPORATION 0450295492

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on August 09, 2018.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

UNITED STATES CORPORATION AGENTS, INC. 330 CHANGEBRIDGE RD STE 101 PINE BROOK, NJ 07058



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 16th day of August, 2019

Sup of Men-

Elizabeth Maher Muoio State Treasurer

Certificate Number: 6099900279

Farify this cartificate online a