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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

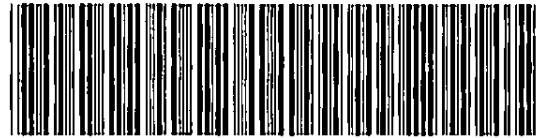
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Special Instructions to Filing Officer:

W20000104814

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2021

TORRI J. EVANS-BARTON
3000 EAST SUNRISE BLVD.
SUITE 3G
FORT LAUDERDALE, FL 33304

SUBJECT: THE FATHERLESS GENERATION FOUNDATION INC.
Ref. Number: W20000104814

We have received your document for THE FATHERLESS GENERATION FOUNDATION INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 320A00017463

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MAR 24 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE FATHERLESS GENERATION 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:

TORRI J. EVANS-BARTON

 Name of Person

THE FATHERLESS GENERATION FOUNDATION INC.

 Firm/Company

3000 EAST SUNRISE BLVD.

 SUITE 3G

 Address

FORT LAUDERDALE, FL 33304

 City/State and Zip Code

TBARTON@TFGF.ORG

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

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For further information concerning this matter, please call:

TORRI J. EVANS-BARTON 404 410-6790
 _____ at (_____) _____
 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. THE FATHERLESS GENERATION 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.)

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

2. GEORGIA 3. 45-2966237
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/04/2010 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

N/A

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

3340 PEACHTREE ROAD NE, SUITE 1010, ATLANTA, GA 30326

7. _____
(Principal office address)

117 NE 1ST AVE., MIAMI, FL 33132

(Current mailing address, if different)

8. NONPROFIT: REUNIFICATION OF FATHERS WITH CHILDREN

(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: TORRI J. EVANS-BARTON

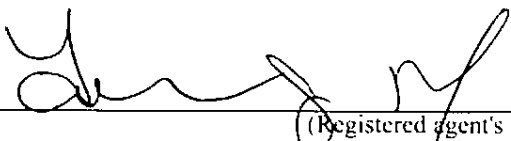
Office Address: 3000 EAST SUNRISE BLVD., UNIT 3G

FORT LAUDERDALE, Florida 33304

(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.

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TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

KACHIRI HARRIS

Director: _____

3340 PEACHTREE ROAD NE, SUITE 1010, ATLANTA, GA 30326

Address: _____

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ATLANTA, GEORGIA

B. OFFICERS

TORRI J. EVANS-BARTON

President: _____

3340 PEACHTREE ROAD NE, SUITE 1010

Address: _____

ATLANTA, GA 30326

Vice President: _____

Address: _____

VARICK C. BARTON

Secretary: _____

3340 PEACHTREE ROAD NE, SUITE 1010, ATLANTA, GA 30326

Address: _____

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)

TORRI J. EVANS-BARTON, PRESIDENT

14. _____

(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, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

THE FATHERLESS GENERATION 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.

Docket Number : 19479379
Date Inc/Auth/Filed: 10/04/2010
Jurisdiction : Georgia
Print Date : 08/06/2020
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State