

F21000001756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

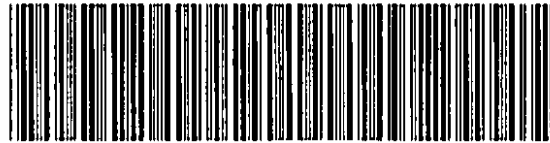
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Permission to add WIT  
plus name per Kathy  
update title for  
Christian 3/29/21

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Office Use Only



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3/30/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Feed the Need 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:

Kathy E. Larlee

\_\_\_\_\_  
Name of Person

Feed the Need Foundation

\_\_\_\_\_  
Firm/Company

50 Riders Ridge Trail

\_\_\_\_\_  
Address

Rockbridge County, VA 24416

\_\_\_\_\_  
City/State and Zip Code

kelarlee@feedtheneedfoundation.com

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

For further information concerning this matter, please call:

Kathy E. Larlee

540

466-0571

\_\_\_\_\_  
Name of Person

at (

\_\_\_\_\_) Area Code

\_\_\_\_\_  
Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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. Feed the Need 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.)  
Feed the Need Foundations Benefits Inc.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Virginia  
(State or country under the law of which it is incorporated)
3. 86-1589929  
(FEI number, if applicable)
4. 25 January 2021  
(Date of Incorporation)
5. Perpetual  
(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. 50 Riders Ridge Trail, Rockbridge County, VA 24416  
(Principal office street address)  
\_\_\_\_\_  
(Current mailing address, if different)
8. Nonprofit charitable work  
(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: Tara-Marie Hickerson  
Office Address: 10440 SW Stephanie Way 4-102  
Port St Lucie, FL, Florida 34987  
(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.*  
J. Hickerson  
(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: Kathy E. Larlee  
☐ Vice Chairman Address: 50 Riders Ridge Trail  
☐ Director Rockbridge County, VA 24416  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other: ☐ Other:

☐ Chairman Name: Spring Witt  
☒ Vice Chairman Address: 19418 Main Street  
☐ Director Buchanan, VA 24066  
☐ President  
☐ Vice President  
☐ Secretary ☐ Treasurer  
☐ Other: ☐ Other:

☐ Chairman Name: Bobbie Wagner  
☐ Vice Chairman Address: 71 School House Hill Road  
☐ Director Raphine, VA 24472  
☐ President  
☐ Vice President  
☒ Secretary ☐ Treasurer  
☐ Other: ☐ Other:

☐ Chairman Name: Dave Ferris  
☐ Vice Chairman Address: 65 Stone House Lane  
☐ Director Lexington, VA 24450  
☐ President  
☐ Vice President  
☐ Secretary ☒ Treasurer  
☐ Other: ☐ Other:

☐ Chairman Name: Christian R. Larlee  
☐ Vice Chairman Address: 50 Riders Ridge Trail  
☒ Director Rockbridge County, VA 24416  
☐ 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. Kathy E. Larlee  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

4. Kathy E. Larlee, Chairman/Founder  
(Typed or printed name and capacity of person signing application)

# Commonwealth of Virginia



## STATE CORPORATION COMMISSION

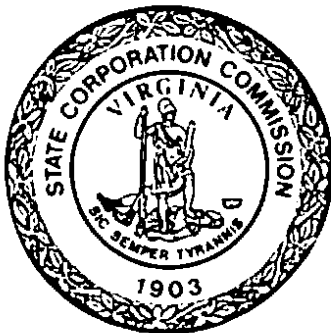
Richmond, March 3, 2021

This is to certify that the certificate of incorporation of

### **Feed the Need Foundation, Inc.**

was this day issued and admitted to record in this office and that the said corporation is authorized to transact its business subject to all Virginia laws applicable to the corporation and its business.

Effective date: March 3, 2021



STATE CORPORATION COMMISSION

Attest:

A handwritten signature in cursive script, reading "Bernard J. St. John".

Clerk of the Commission