

FH00001936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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APR 1 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Third Lens Corporation  
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:

Brian O'Neil

Name of Person

Third Lens Corporation

Firm/Company

PO Box 2723

Address

Auburn, AL 36831-2723

City/State and Zip Code

info@third-lens.org

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

For further information concerning this matter, please call:

Brian O'Neil

Name of Person

at (334)

Area Code

246-3900

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

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: Lee Carroll  
☐ Vice Chairman Address: 524 Bryn Mawr Lane NW  
☐ Director Atlanta, GA 30327  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Mark Leecraw  
☐ Vice Chairman Address: 3475 Corporate Way, Suite A  
☐ Director Duluth, GA 30096  
☐ President \_\_\_\_\_  
☒ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Brent Reid  
☐ Vice Chairman Address: 5616 Peachtree Road  
☒ Director Chamblee, GA 30341  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Tom Rhodes  
☐ Vice Chairman Address: 76 Huntington Road  
☐ Director Atlanta, GA 30309  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☐ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Jack Godfrey  
☐ Vice Chairman Address: 4500 Peachtree Lakes Drive  
☐ Director Berkeley Lake, GA 30096  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☒ Treasurer  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Brian O'Neil  
☐ Vice Chairman Address: 1509 Dartmouth Drive  
☐ Director Auburn, AL 36830  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☒ Other: Executive Director ☐ 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. TOM RHODES  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  
14. Thomas Rhodes, Secretary  
(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

#### **THIRD LENS CORPORATION**

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 : 20427359  
Date Inc/Auth/Filed: 07/30/2009  
Jurisdiction : Georgia  
Print Date : 03/09/2021  
Form Number : 211



*Brad Raffensperger*

Brad Raffensperger  
Secretary of State