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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023 Phone: (614)280-3338 Fax Number: (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FOREIGN PROFIT/NONPROFIT CORPORATION BARTLEY J. MADDEN FOUNDATION

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"	
Bartley J. Madd	en Foundation Inc.		
Dolowaro	able in Florida, enter alternate corporate name ac	17-2492240 (Taxpayer Identification)	Number)
(State or countr January 6, 2015	y under the law of which it is incorporated) 5		
(Date	5. of incorporation)	(Date of duration, if other tha	in perpetual)
7 <u>-</u>	Drive, Aurora, IL 60502	d office address)	
8 Name and stree	(Current mailing	gaddress, if different) Box NOT acceptable)	7921 6
Name:	C T Corporation System		I
Office Address:	1200 South Pine Island Road		-1 PM I2: 1
	Plantation,	33324 , Florida	2: 1 STAT
	(City)	(Zip code)	rri
Having been nan designated in this further agree to c	ent's acceptance: sed as registered agent and to accept service application, I hereby accept the appointm omply with the provisions of all statutes re familiar with and accept the obligations of CT Corporation System	ent as registered agent and agree clative to the proper and complete my position as registered agent.	to act in this capacity

10. 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.

(Registered agent's signature)

By:

From: Ranae McGraw

DocuSign Envelope ID: 3387A81A-273A-470D-B083-07849A86BA65

11. Names and business addresses of officers and/or directors:

A. DIRECTORS
Chairman:
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
Bartley Madden President:
Address: 16391 Viansa Way, Unit #302, Naples, FL 34110
Vice President:
Address:
Gregory Madden
Secretary: 2526 Stonchenge Drive, Aurora, IL 60502
Address:
Jeffrey Madden Treasurer:
Address: 215 N. New River Dr. E. #4260, Ft. Lauderdale, FL 33301
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
12. Cry Malden OACASEALABIAS. Signature of Director or Officer
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein
are true and that he or she is aware that false information submitted in a document to the Department of State constitutes
a third degree felony as provided for in s.817.155, F.S. Gregory Madden - Chief Operating Officer
(Typed or printed name and capacity of person signing application)

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "BARTLEY J. MADDEN FOUNDATION" 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 THIRTIETH DAY OF AUGUST, A.D. 2021.

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

Authentication: 204042176

Date: 08-30-21