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S. HAWKES



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 18, 2021

WILLIAM GUHL 1304 BLAKEMORE CT. TALLAHASSEE, FL 32317

SUBJECT: USS WACCAMAW (AO-109) ASSOCIATION, INC.

Ref. Number: W21000149447

We have received your document for USS WACCAMAW (AO-109) ASSOCIATION, INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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

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

Suzanne Hawkes Regulatory II

Letter Number: 221A00027990

COVER LETTER

TO:	Registration Section Division of Corporations					
011 0 1	VECT: USS Waccamaw (AO-109) Association, Inc.					
SUBJ	Name of Corporation – must include suffix					
Dear S	Sir or Madam:					
Affair	nclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its s in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to er the above referenced not for profit corporation to conduct its affairs in Florida.					
Pleasc	return all correspondence concerning this matter to the following:					
	William Guhl					
	Name of Person					
	USS Waccamaw (AO-109) Association, Inc.					
	Firm/Company					
1304 Blakemore Ct.						
	Address					
	Tallahassee, Florida 32317					
	City/State and Zip Code					
	billguhl@comcast.net					
	E-mail address: (to be used for future annual report notification)					
For fu	orther information concerning this matter, please call:					
Willi	am Guhl 850 671-2791 at ()					
	Name of Person Area Code Daytime Telephone Number					
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303					
Please	ised is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE 0.00 Filing Fee \$\Bigsquare\$					

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. USS Waccama	iw (AO-109) Association, Inc. ration: must include the word "INCOR	RPORATED" or	"CORPORATION" or words or	abbreviati	ons of	like .
import in langua in the name at p	ration: must include the word "INCOR ge as will clearly indicate that it is a c resent. "Company" or "Co." may not b	corporation instead oe used as a corp	id of a natural person or partners orate suffix by a nonprofit corpo	hip if not ration.)	so cont	ained
(If name unava	ilable in Florida, enter alternate corpo	rate name adopt	ed for the purpose of transacting	business i	n Florio	da)
2. Delaware		3, 32-060	54641			
	(State or country under the law of which it is incorporated) (FEI number, if applicab					
4. July 19, 2021	ate of Incorporation)	5				
(D	ate of Incorporation)		(Date of duration, if other th	ian perpeti	ual)	
6.						
(Date first condi	ucted affairs in Florida if prior to registr	ation. See section	s 617.1501 & 617.1502, F.S. to d	etermine p	enalty li	iability.
a 1304 Blakemor	re Ct., Tallahassee, FL 32317					
7.		icipal office stre	et address)			
					. 5 3	
					153	
	(Curren	t mailing addres	s, it different)			
g To open and us	se an account at a financial institution corporation authorized in home state o	and make purch	ases as a corporation.	! .	4:-	3
(Purpose(s) of a	corporation authorized in home state o	or country to be c	arried out in the state of Florida)	,	7	1 1 5
9. Name and str	eet address of Florida registered ag	gent: (P.O. Box	NOT acceptable)		PĦ 4: 24	
Name:	William Guhl					
	1304 Blakemore Ct.					
			77717			
	Tallahassec	, Fl	orida 32317 (Zin 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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTOR	William Jackson Name:	□Chairman	Richard Renker
□ Vice Chairman	Address: 1044 O * Neal Drive	□Vice Chairman	944 Somerset Ave. Address:
□Director	Shreveport, LA 71107	□Director	Taunton, MA 02780
■ President		□President	
□ Vice President		■Vice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
□Other:	Other:	□Other;	[10ther:
∐Chairman	Name:	□Chairman	Nume:
□Vice Chairman	Address: 1304 Blakemore Ct.	□Vice Chairman	Address:
Director	Tallabassee, FL 32317	Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	■ Treasurer	□Secretary	Treasurer
Other:	Other:	□Other:	Other;
□Chairman	Name [,]	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
Director		□Director	
□President		□President	
□Vice President		□Vice President	
☐Secretary	□Treasurer	□Secretary	Treasurer
□Other:	☐ Other:	□Other:	
Non-indexed indiv	Notice: Use an attachment to report more than six (iduals may be added to the index when filing your Full (Signature of Chairman, Vice Chairman, or any office, Treasurer (Typed or printed name and capacity of periods)	Torida Department o	f State Annual Report form. 12 of the application)

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

DELAWARE, DO HEREBY CERTIFY "USS WACCAMAW (AO- 109) ASSOCIATION,

INC." 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 EIGHTEENTH DAY OF

FEBRUARY, A.D. 2022.

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

Authentication: 202707956

Date: 02-18-22