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### **COVER LETTER**

TO:	_	egistration Section Division of Corporations				
CHIDI	JECT: The McLea	nn Foundation				
SUDJ	EC1:	Name of Corporati	on – must ir	iclude suffix		
Dear S	Sir or Madam:					
Affair	s in Florida", "Ce	ion by Foreign Not for Profi rtificate of Existence", or "C enced not for profit corporat	Certificate of	Status" and ch	neck are submitted to	
Please	return all corresp	oondence concerning this ma	atter to the fo	ollowing:		
	Richard	C. Lowe				
		Name o	of Person			
	Lowe La	ıw Firm, PC				
		Firm/C	Company			
	2375 Woodlake Drive, Suite 380					
		Ad	dress		·	
	Okemos	, Michigan 48864				
		City/State a	ınd Zip Code	<del></del>	<del></del>	
	dlowe@l	owelaw.net				
	E-n	nail address: (to be used for	future annua	il report notific	ation)	
For fu	rther information	concerning this matter, plea	se call:			
Richai	rd C. Lowe	at (	,517	908-0900		
	Name o	of Person	Area Code	Daytime Te	lephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ection orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Please	make check payabl	the following amount:			Deep co pu	
□ \$/0	0.00 Filing Fee	□\$78.75 Filing Fee & Certificate of Status		Filing Fee & ied 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:

/N1	Foundation Incorporated	
import in languin the name at p	oration: must include the word "INCORPORAT age as will clearly indicate that it is a corporation or "Co." may not be used a present. "Company" or "Co." may not be used a	TED" or "CORPORATION" or words or abbreviations of like ion instead of a natural person or partnership if not so contained as a corporate suffix by a nonprofit corporation.)
(If name unav	ailable in Florida, enter alternate corporate nam	ne adopted for the purpose of transacting business in Florida)
Michigan	· · · · · · · · · · · · · · · · · · ·	3, 27-4280133
(State or cou	intry under the law of which it is incorporated)	(FEI number, if applicable)
December 16,	2010	5 Perpetual
(1	Date of Incorporation)	(Date of duration, if other than perpetual)
January 1, 20	22	
(Date first conc	ducted affairs in Florida if prior to registration. Se-	e sections 617.1501 & 617.1502, F.S. to determine penalty liability.
. 2373 Woodlar	ke Drive, Suite 380, Okemos, Michigan, 48864	fice street address)
	(i i i i i i i i i i i i i i i i i i i	100 <u>511544</u> 4431655)
Same		
	(Current mailing	g address, if different)
Grants to char	itable organizations that are exempt from taxat	ion under Section 501(c)(3) of the Internal Revenue Code.
Grants to char (Purpose(s) of	itable organizations that are exempt from taxat	ion under Section 501(c)(3) of the Internal Revenue Code.  y to be carried out in the state of Florida)
(Purpose(s) of	corporation authorized in home state or country	y to be carried out in the state of Florida)
(Purpose(s) of	itable organizations that are exempt from taxate corporation authorized in home state or country eet address of Florida registered agent: (P.	y to be carried out in the state of Florida)
(Purpose(s) of	corporation authorized in home state or country reet address of Florida registered agent: (P.	y to be carried out in the state of Florida)
(Purpose(s) of . Name and str Name:	corporation authorized in home state or country reet address of Florida registered agent: (P. June McLean Gregory	y to be carried out in the state of Florida)
(Purpose(s) of P. Name and <u>str</u> Name:	corporation authorized in home state or country reet address of Florida registered agent: (P.  June McLean Gregory  16 Las Brisas Way	y to be carried out in the state of Florida)  O. Box <u>NOT</u> acceptable)
(Purpose(s) of  O. Name and str  Name:	corporation authorized in home state or country reet address of Florida registered agent: (P.  June McLean Gregory  16 Las Brisas Way	y to be carried out in the state of Florida)

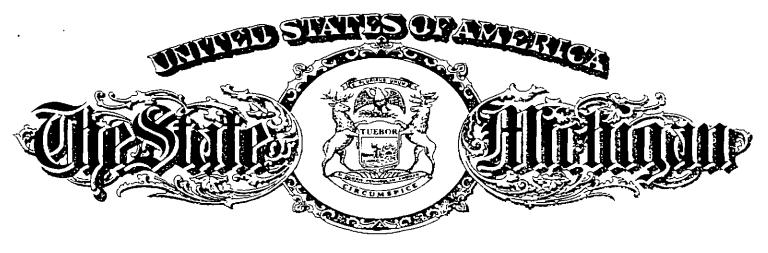
10. Registered agent's acceptance:

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.

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	June McLean Gregory		Robert J. Gregory Name:			
□ Chairman	Name:16 Las Brisas Way Address:	□ Chairman	Name:16 Las Brisas Way Address:			
□Vice Chairman	Naples, FL 34108	□Vice Chairman	Naples, FL 34108			
Director	<u> </u>	■Director	<u> </u>			
President		□President				
□Vice President		■ Vice President				
<b>■</b> Secretary	□Treasurer	☐ Secretary	<b>■</b> Treasurer			
Other:	Other:	□Other:	Other:			
□ Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chai⊓nan	Address:			
□Director		□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:				
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. The Modern of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  14. The Modern of Chairman and capacity of person signing application)						



# Department of Licensing and Regulatory Affairs

Lansing, Michigan

This is to Certify That

#### THE MCLEAN FOUNDATION

was validly Incorporated on December 16, 2010 as a Michigan nonprofit corporation, and said corporation is validly in existence under the laws of this state.

This certificate is issued pursuant to the provisions of 1982 PA 162 to attest to the fact that the corporation is in good standing in Michigan as of this date and is duly authorized to conduct affairs in Michigan and for no other purpose.

This certificate is in due form, made by me as the proper officer, and is entitled to have full faith and credit given it in every court and office within the United States.

In testimony whereof, I have hereunto set my hand, in the City of Lansing, this 9th day of February, 2022.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau