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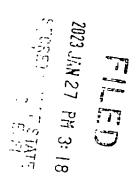
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Special Instructions to Filing Officer:





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COVER LETTER

	gistration Section vision of Corporations
	Awaken the Dawn, Inc.
SUBJEC	Γ:Name of Corporation – must include suffix
Dear Sir or	Madam:
Affairs in I	ed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Illorida", "Certificate of Existence", or "Certificate of Status" and check are submitted to above referenced not for profit corporation to conduct its affairs in Florida.
Please retu	rn all correspondence concerning this matter to the following:
	Kyle Barr
	2023
	Name of Person
	Firm/Company
	Firm/Company
	4514 Swift Circle
	Valrico, FL. 33596
	City/State and Zip Code
	Kyle.barr@awakenthedawn.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
Kyle Barr	540 717-1353
	Name of Person at () Area Code Daytime Telephone Number
Re Di P.0	gistration Section vision of Corporations Division of Corporations Division of Corporations The Centre of Tallahassee llahassee, FL 32314 Tallahassee, FL 32303
Please make	s a check for the following amount: check payable to: FLORIDA DEPARTMENT OF STATE Filing Fee \$\Bigsquare \text{\$\sigma}\$78.75 Filing Fee & \$\Bigsquare \text{\$\sigma}\$87.50 Filing Fee, Certificate of Status Certified Copy 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:

(Principal office <u>street</u> address)		madie in Florida, enter alternate co	rporate name adopte	d for the purpose of tran	isacting busine	ss in Fl	orida)
(Date of Incorporation) (Date of Incorporation) (Date of Incorporation) (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502. F.S. to determine popularly lie planty lie p	VIRGINIA		3. 81-4256	5733			
(Date of Incorporation) (Date of Incorporation) (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine Potalty Inc. (Principal office street address) (Current mailing address, if different) (Current mailing address, if different) (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Kyle Barr 4514 Swift Circle		ntry under the law of which it is inc	опрописа)	(i isi namber, n	• •		
(Current mailing address, if different) Expansion/growth (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name: Kyle Barr Halt Swift Circle	10/51/2006		5				
9112 Old Battlefield Blvd, Ste 100 Spotsylvania, VA. 22553 (Principal office street address) (Current mailing address, if different) Expansion/growth (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Kyle Barr 4514 Swift Circle	(1)	Date of Incorporation)		(Date of duration, if	other than per	petual)	·
Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name: Kyle Barr Hall Swift Circle (Principal office street address) (Current mailing address, if different)					10	2(
(Current mailing address, if different)	Date first cond	ucted affairs in Florida if prior to reg	istration. See sections	617.1501 & 617.1502,	F.S. to determin	ie pgial	
(Current mailing address, if different)	112 Old Battle	efield Blvd, Ste 100 Spotsylvania,	VA. 22553				1
(Current mailing address, if different) Expansion/growth Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Kyle Barr 45.14 Swift Circle			rincipal office stree	t address)			- Contract
(Current mailing address, if different) Expansion/growth Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Kyle Barr 45.14 Swift Circle		`	'	<u>-</u>	. :	7	्राम्बर्गास्यः विकासम्बद्धाः
(Current mailing address, if different) Expansion/growth Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Kyle Barr 45.14 Swift Circle						<u>-5</u>	3 3
Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Kyle Barr 45.14 Swift Circle		(Cur	rent mailing address.	, if different)	FICE		No.
Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Kyle Barr 45.14 Swift Circle					프로		
Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) Name: Kyle Barr 45.14 Swift Circle	Expansion/gro	wth			· ਜ	ထ	
Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Kyle Barr 45.14 Swift Circle	Purpose(s) of	corporation authorized in home stat	e or country to be ca	rried out in the state of	Florida)		
Name: Kyle Barr 4514 Swift Circle							
Name:	Name and str	eet address of Florida registered	agent: (P.O. Box]	NOT acceptable)			
Name:	-	-					
4514 Swift Circle	Mamai	Kyle Barr					
ice Address:		4514 Swift Circle					
Valrico 33596		<u> </u>					
		(City)	, Flo	(Zip Cod	1.5		

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	RS John David Bradshaw		Chuck Mervin				
□Chairman	Name: 8829 Jennings Lane	□Chairman	Name: 478 Charlie Thompson Rd				
□Vice Chairman	Address:Spotsylvania, VA. 22551	□ Vice Chairman	Address:				
€Director	Spotsylvania, VA. 22551	☐ Director	Vilas, NC. 28692				
President		President					
□Vice President		□Vice President					
□Secretary	□Treasurer	□Secretary	□Treasurer				
□Other:	Other:	Other:	Other:				
□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other:	Allen Hood Name: 9005 One Putt Place Address: Port Saint Lucie, FL. 34986 Treasurer Other:	□Chairman □Vice Chairman □Director □President □Vice President □Secretary □Other:	Daniel Lee Prock Name: 7901 Weeks Lane Address: Spotsylvania, VA (2255) Daniel Lee Prock 7901 Weeks Lane Address: Spotsylvania, VA (2255) 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:	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. Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. John David Coals (Typed or printed name and capacity of person signing application)							

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State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That Awaken The Dawn, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on October 31, 2016;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

December 20, 2022

Bernard J. Logan, Clerk of the Commission