

(Re	equestor's Name)	
(Ac	idress)	
(Ac	dress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



100421075801

01/04/24--01022--009 \*\*387.50

SECRETARY OF STATE

#### **COVER LETTER**

	tration Section ion of Corporations			
SUBJECT:	Maxwell Leadership, Inc.			
Dobber.	Name of	corporation -	must include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Corp f Existence," or "Certificate of ced foreign corporation to tran	f Good Standi	ng" and check are submit	
Please return	all correspondence concerning	this matter to	the following:	
Michelle T. La	Londe			
		Name of Pe	rson	
James-Bates-B	rannan-Groover-LLP			
		Firm/Compa	nny	
2827 Peachtree	Road, Suite 300			
		Address	;	
Atlanta, Georg	ia 30305			
		City/State and	Zip code	
mlalonde@jan	nesbatesIlp.com	_		
	E-mail address: (	to be used for	future annual report noti	fication)
For further in	formation concerning this mat	ter, please cal	l:	
Taylor Eisenha	auer a	404	978-7807	
Nam	e of Person	Area Code	Daytime Telephon	e Number
Regis Divis The C 2415	tration Section ion of Corporations Tentre of Tallahassee N. Monroe Street, Suite 810 massee, FL 32303		MAILING ADD Registration Sect Division of Corpe P.O. Box 6327 Tallahassee, FL	ion orations
	check for the following amounted payable to: FLORIDA DEPring Fee S78.75 Filing Certificate of	PARTMENT OF See & See & See See See See See See See		■ \$87.50 Filing Fee. Certificate of Status & Certified Copy

# 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.

(If name unavaila	able in Florida, enter alternate corporate na	ame adopted for the purpose of transacting business in Florida
Georgia		_ 3
(State or country	y under the law of which it is incorporated	(FEI number, if applicable)
December 31, 20		5(Date of duration, if other than perpetual)
(Date	of incorporation)	(Date of duration, if other than perpetual)
January 1, 2022		
		ess in Florida, if prior to registration) 07.1502, F.S., to determine penalty liability)
2300 N Dixie Hig	hway, West Palm Beach, Florida 33407	
	(Principal	l office street address)
2055 Sugarloaf C	Circle, Suite 100, Duluth, GA 30097	
	(Current ma	nailing address, if different)
Name and stree	et address of Florida registered agent: ( C T Corporation System	(P.O. Box NOT acceptable)  [P.O. Box NOT acceptable]  [P.O. Box NOT acceptable]
fice Address:	Address: 1200 South Pine Island Road	
	Plantation	, Florida 33324
	(City)	(Zip code)

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

under the law of which it is incorporated.

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

#### A. DIRECTORS Mark Cole Reggie Goodin □ Chairman Name: □Chairman 2055 Sugarloaf Circle 2055 Sugarloaf Circle Address: □ Vice Chairman Address: □ Vice Chairman Suite 100 Suite 100 □ Director Director Duluth, GA 30097 Duluth, GA 30097 □President □ President ☐ Vice President ☐ Vice President □Treasurer □ Secretary □Treasurer ☐ Secretary ■Other \_ ■Other CFO □ Other \_\_\_\_\_ □Other \_\_\_\_\_ □ Chairman □Chainnan Name: \_\_\_\_\_\_ Name: Address: □Vice Chairman Address: \_\_\_\_\_ □Vice Chairman □ Director □ Director □ President □ President □ Vice President ☐ Vice President □Treasurer □ Secretary Treasurer □ Secretary □Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ □Other \_\_\_\_\_ Other \_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_ □ Chairman Chairman □Vice Chairman Address: □Vice Chairman Address: □ Director □ Director □President □ President □Vice President □ Vice President □ Secretary ☐ Treasurer □ Secretary □ Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ ☐Other \_\_\_\_ 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. 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.

Reggie Goodin, CFO

Control Number: 22002584

## 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

Maxwell Leadership, Inc. a Domestic Profit 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 : 26247670 Date Inc/Auth/Filed: 12/31/2021 Jurisdiction : Georgia Print Date : 12/28/2023

Form Number : 211



Brad Rafforsperger

Brad Raffensperger Secretary of State