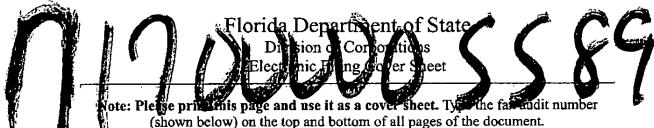
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Division of Corporations



(((H17000141751 3)))



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From:

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Account Number : 076117000420 Phone : (561)650-0728 Fax Number : (561)671-2527

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

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FLORIDA PROFIT/NON PROFIT CORPORATION

Winner Scholarship Foundation, Inc.

| Certificate of Status | 0 |
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May 25, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GUNSTER

SUBJECT: WINNER SCHOLARSHIP FOUNDATION, INC

REF: W17000044719

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.

http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abb reviations/

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

H17000141751 3

| ARTICLE I The name of the | NAME corporation shall be: Winner Schole | arship Foundati | on, Inc. | | | |
|---------------------------|---|----------------------|---|---------------------|----------|---|
| ARTICLE II | PRINCIPAL OFFICE | | | | | |
| | Principal street address: | | Mailing address, if different is: | | | |
| 1 | 25 South State Road 7 | | | | | - |
| | Ste 104-106 | | | · ···· - | | _ |
| | Wellington, FL 33414 | | | | | - |
| ARTICLE III | <u>PURPOSE</u> | | | | | |
| The purpose for | which the corporation is organized is:to | o identify childr | en who meet the Winner Scholarsl | <u>iip crite</u> | ria | |
| and annually | award Winner Scholarships of at le | east \$1000; to in | plement programs and events whi | ch cont | inuall | у |
| promote the | vision to recipients, their families a | and their comm | unity; and to inspire students and | instill th | ie | |
| dream that | a college education is a real option. | ··· | | | | - |
| | | | | | | = |
| | | | | | | _ |
| | | | | | | - |
| ARTICLE IV | MANNER OF ELECTION The manne | e in which the direc | tors are elected and appointed: by maic | rity vot | e | - |
| | and of directors at the annual meetin | | nors are elected the appointme. Of the | nicy voc | <u>-</u> | |
| | | | | • | | |
| ARTICLE V | INITIAL OFFICERS AND/OR DIRECT | <u>ORS</u> | | | | |
| Name and Title: | Hermine Drezner, D | _ Name and Title: | Jan Winkler, D | | | |
| Address | 40 Windward Isle | _ Address: | 40 Windward Isle | | | |
| | Palm Beach Gardens, FL 33418 | | Palm Beach Gardens, FL 33418 | 5825 | E5 2 | |
| Name and Title: | Ed Tancer, D | Name and Title: | Sandy Erb, D | STELET. | ST A | |
| Address | c/o Gunster | | 206 Monterey Way | 記録 | 91:8 | į |
| | 777 S. Flagler Dr, Ste 500E | _ 1,001.0333 | Royal Palm Beach, FL 33411 | (G) : | 2 | |
| • | | | Royal Patti Deach, PL 33411 | | | |
| | West Palm Beach, FL 33401 | | | | | |
| | | | | | | |
| Address _ | | _ Address: _ | | | | |
| - | | | | | | |

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| | | | H17000141751 |
|-------------------------------------|--|--|--------------------------|
| Name and Title: | | Name and Title: | |
| Address _ | | Address: | |
| - | | <u> </u> | |
| - | | _ | - |
| Name and Title: | | Name and Title: | |
| Address | | Address: | |
| - | | | |
| _ | | | |
| | | | |
| | REGISTERED AGENT orida street address (P.O. Box NOT acce | - | |
| Name: | Sandra Kennedy Erb | spanie) of the registered agent is: | |
| Address: | 125 South State Road 7, Ste 10 | | |
| 1.02.100. | Wellington, FL 33414 | | |
| | | | |
| | INCORPORATOR Idress of the Incorporator is: | | |
| Name: | Sandra Kennedy Erb | | |
| Address: | 125 South State Road 7, Ste 104 | 1-106 | |
| | Wellington, FL 33414 | | |
| ARTICLE VIII | EFFECTIVE DATE: | | |
| (If an effective i | other than the date of filing: ste is listed, the date must be specific as | (OPTIONAL) nd cannot be more than five days prior or 90 day | s after the filing.) |
| | inserted in this block does not meet the aptive date on the Department of State's reco | pplicable statutory filing requirements, this date will onls. | not be listed as the |
| Having been na certificate, I am | ned as registered agent to accept service familiar with and accept the appointment of Registered Signature of Registered | of process for the above stated corporation at the as registered agent and agree to act in this capacity | place designated in this |
| I submit this doc | ument and affirm that the facts stated here | ein are true. I am aware that any false information : | submitted in a document |
| to the Departmen | n of State constitutes a third degree felony | as provided for in s. 817.155, F.S. | 11/2017 |
| | Required Signatury of theor | rporator | Dete |