N240000/228

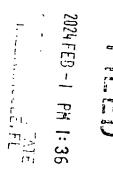
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
(a,	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
W230W153456	





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COVER LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

enninger	Cochran Family Foundation, Inc.
SUBJECT:	

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78,75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status

\$ 8.75

Peter Veldkamp	
Name (printed or typed)	
55 Campau Ave. NW. Suite 300	
Address	
Grand Rapids. MI 49503	2024
City, State & Zip	
(616) 233-5185	1 1
Daytime Telephone Number	
pveldkamp@rhoadesmckee.com	36
E-mail address: (to be used for future annual report not	ification)

NOT FOR PROFIT CERTIFICATE OF DOMESTICATION

Th	e undersigned. George N. Cochran	President		
of	(Name)		(Title) a foreign Corporation	
1	The date on which corporation was first formed was _		2009	
2	The jurisdiction where the above named corporation value into being was State of Illinois	vas first formed, inc	corporated, or otherwise	
3.	The name of the corporation immediately prior to the was Cochran Family Foundation	filing of this Certifi	icate of Domestication	
4	The name of the corporation, as set forth in its articles s , 617 01201 and 617 0202 with this certificate is \underline{C}			
5.	The jurisdiction that constituted the seat, siege social, administration of the corporation, or any other equiva immediately before the filing of the Certificate of Dor State of Illinois	lent jurisdiction und	der applicable law,	_
6	Attached are Florida articles of incorporation to comp to s. 617 1803	lete the domesticati	ion requirements pursuan	ıt
Lai	n President of Cochran Family Fou	undation		
	d am authorized to sign this Certificate of Domestication this the day of November	on on behalf of the o	2023	ie
	(Authorized Sign	ature)	2024 FEB - 1	Carrier Carrier Carrier Carrier
	Filing Fee: Certificate of Domestication Articles of Incorporation and Cert Total to domesticate and file	\$ ified Copy <u>\$</u>	550.00	

ARTICLES OF INCORPORATION

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

ARTICLE I NAME The name of the corporation shall be	
Cochran Family Foundation, Inc.	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address shall be: Principal Address	Mailing Address
·	PO Box 1339
212 Waterways Avenue	
Boca Grande, FL 33921	Boca Grande, FL 33921
ARTICLE III PURPOSE	
The purpose for which the corporation is organized:	
To support charitable activities by making grants	s to unrelated organizations or institutions or
to individuals for scientific, educational, cultural, rel	igious, or other chantable purposes.
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As stated by the bylaws.		_
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		-
ARTICLE V INITIAL DIRECTORS AND	OR OFFICERS	
The name(s) and address(es) and specific title(s):		
Title/Name	Title/Name	
President/Director, George N. Cochran	Secretary/Director, Kelsey C. Lee	_
President/Director, George N. Cochran 129 E. Front Street	Secretary/Director, Kelsey C. Lee 11 Wyngate Road	_
129 E. Front Street Traverse City. MI 49684	11 Wyngate Road	
129 E. Front Street Traverse City. MI 49684	11 Wyngate Road Greenwich, CT 06830	
129 E. Front Street Traverse City, MI 49684 Fitle/Name	11 Wyngate Road Greenwich, CT 06830 Title/Name	
129 E. Front Street Traverse City. MI 49684 Title/Name Treasurer/Director, Andrew C. Cochran	11 Wyngate Road Greenwich, CT 06830 Title/Name Director, Brooks B. Cochran	
129 E. Front Street Traverse City. MI 49684 Citle/Name Treasurer/Director, Andrew C. Cochran 9 Country Lane Northfield, IL 60093	11 Wyngate Road Greenwich, CT 06830 Title/Name Director, Brooks B. Cochran 913 Gilmore Ave Nashville, TN 37204	
129 E. Front Street Traverse City. MI 49684 Citle/Name Treasurer/Director, Andrew C. Cochran 9 Country Lane Northfield, IL 60093	11 Wyngate Road Greenwich, CT 06830 Title/Name Director, Brooks B. Cochran 913 Gilmore Ave Nashville, TN 37204	c.
129 E. Front Street Traverse City. MI 49684 Title/Name Treasurer/Director, Andrew C. Cochran 9 Country Lane	11 Wyngate Road Greenwich, CT 06830 Title/Name Director, Brooks B. Cochran 913 Gilmore Ave Nashville, TN 37204	

Chicago. IL 60657

The name and Florida street address (P.O. Box.)	GENT AND STREET ADDRESS NOT accommable) of the registered agent is:
George N. Cochran	to 1 acceptable) of the registered agent is:
212 Waterway Avenue	
Boca Grande, FL 33921	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the incorporator is:	
George N. Cochran	
212 Waterway Avenue	
Boca Grande, FL 33921	
***********	***********
	e of process for the above stated corporation at the place designated
in this certificate of am familiar with and accept the appoints	nent as registered agent and agree to act in this capacity.
Muull-	11/30/23
Signature/Registered Agent	Date
frill to z-	12/1/23
Signature/Incorporator	Date

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