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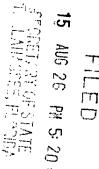
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Office Use Only



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SEP 0 9 2015 S. YOUNG



FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

15 SEP -9 PH 1:58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 27, 2015

GRETCHEN QUARTERMAN PO BOX 88 HAHIRA, GA 31632

SUBJECT: WWALS WATERSHED COALITION INC.

Ref. Number: W15000057203

We have received your document for WWALS WATERSHED COALITION INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

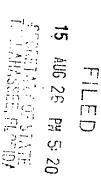
Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 615A00018201





WWALS Watershed Coalition, Inc. PO Box 88 Hahira, GA 31632

a WATERKEEPER® Affilliate a 501(c)(3) nonprofit corporation

Sheila H. Young Regulatory Specialist II Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Dear Ms. Young,

Please find enclosed the corrected application for WWALS Watershed Coalition Inc.

The Principal Office Address has been included on the form and is: 3338 Country Club Road #L336 Valdosta, GA 31605

Our mailing address is P.O. Box 88 Hahira, GA 31632

Thank you for your attention to our application.

Sincerely,

Gretchen Quarterman

fetcher Quarterna

WWALS Treasurer

WWALS Watershed Coalition advocates for conservation and stewardship of the Withlacoochee, Alapaha and upper Suwannee River watersheds through awareness, environmental monitoring and citizen activites.

COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: WWALS Watershod Coalition Inc Name of Corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.
Please return all correspondence concerning this matter to the following:
Gretchen Quarterman Name of Person
WWALS Watershed Coalition Inc
P.O. Box 88
Address
Hahira GA 31632 City/State and Zip Code
Wwals watershed @ amail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gretchen Quarterman at (229) 834 1945 Name of Person at (229) Daytime Telephone Number
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$78.75 Filing Fee & \$78.75 Filing Fee & Certificate of Status Certified Copy 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:

THE STATE OF FLORIDA:
1. WHALS Watershed Coaliton Inc. (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Corgia (State or country under the law of which it is incorporated) (FEI number, if applicable)
4
6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
7. P.O. Box 88 Hahira GA 31632 (Principal office address)
3338 Country Club Rd #L336 Valdosta GA \$1605
8. <u>advocates for conservation and Stewards fair of Withlacoochee</u> , Alapaha (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) and Upper Suwannee Rivers
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Christopher Mericle
Office Address: 7712 SW 32nd Lane
Name: Christopher Mericle Office Address: 7712 SW 32nd Lane Jasper (City), Florida 32052 (Zip Code)
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. Names and addresses of officers and/or directors A. DIRECTORS Chairman: Address: Vice Chairman: Address: Director: Address: Address: B. OFFICERS John S. QuarTerman Address: P.O. Box 31632 Vice President: Daye B0<u>x</u> Address: 31632 Secretary: Hahira GA 31632 Box Address: GA Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (OVEY) (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Tohn S. Quarterman
(Typed or printed name and capacity of person signing application)

Control Number: 12048304

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, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

WWALS WATERSHED COALITION, INC

a Domestic Nonprofit 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
Date Inc/Auth/Filed
Jurisdiction

Print Date Form Number : 12122472 : 06/08/2012

: Georgia : 8/7/2015

.211



Brian P. Kemp Secretary of State