

STATE OF GEORGIA
Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF AUTHORITY

I, Brian P. Kemp, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

PCOS CHALLENGE, INC.

a **Foreign Nonprofit Corporation**

has been duly formed under the laws of **Maryland** and has filed an application meeting the requirements of Georgia law to transact business as a **Foreign Nonprofit Corporation** in this state.

WHEREFORE, by the authority vested in me as Secretary of State, the above **Foreign Nonprofit Corporation** is hereby granted, on **03/08/2017**, a certificate of authority to transact business in the State of Georgia as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said application.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on 03/29/2017



A handwritten signature in black ink, appearing to read 'B. P. Kemp'.

Brian P. Kemp
Secretary of State



Brian P. Kemp
Secretary of State

OFFICE OF SECRETARY OF STATE
CORPORATIONS DIVISION
2 Martin Luther King Jr. Dr. SE
Suite 313 West Tower
Atlanta, Georgia 30334
(404) 656-2817
sos.georgia.gov/corporations

APPLICATION FOR CERTIFICATE OF AUTHORITY
FOR FOREIGN CORPORATION

IMPORTANT: Please provide the entity's primary email address when completing this form.

Primary Email Address: info@pcoschallenge.com

NOTICE TO APPLICANT: PRINT PLAINLY OR TYPE REMAINDER OF THIS FORM

1. <u>PCOS Challenge, Inc.</u> Name of Corporation _____ Name Reservation Number (Optional) _____				
Date business commenced (or proposed to commence) in Georgia: <u>April 1, 2017</u> <small>(NOTE: If the date provided here is more than 30 days prior to the date the application is received by the Secretary of State, a \$500 penalty must be paid. Penalty is statutory and cannot be waived by Secretary of State.)</small>				
2. <u>Sasha Ottey</u> Name of Filing Person _____				
<u>931 Monroe Dr, Suite A-470</u> Address _____		<u>Atlanta</u> City _____	<u>GA</u> State _____	<u>30308</u> Zip Code _____
<u>info@pcoschallenge.com</u> Filer's Email Address _____		<u>404-855-7244</u> Telephone Number _____		
3. <u>931 Monroe Dr, Suite A-470</u> Principal Office Mailing Address (may be P.O. Box) _____				
		<u>Atlanta</u> City _____	<u>GA</u> State _____	<u>30308</u> Zip Code _____
4. <u>Registered Agents, Inc.</u> Name of Registered Agent in Georgia _____				
<u>300 Colonial Center Parkway, Suite 100 N</u> Registered Office Street Address in Georgia (post office box or mail drop not acceptable for registered office address) _____		<u>compliance@registeredagentsinc.com</u> Registered Agent's Email Address _____		
<u>Roswell</u> City _____		<u>Fulton</u> County _____	<u>GA</u> State _____	<u>30076</u> Zip Code _____
5. <u>PCOS Challenge, Inc.</u> Corporation's Name in State or Country of Incorporation (Must match name on certificate of existence) _____				
Check ONE: <input type="checkbox"/> PROFIT <input checked="" type="checkbox"/> NONPROFIT		Jurisdiction (Home State or Country): <u>Maryland</u>		Date of Incorporation in Home Jurisdiction: <u>12/02/2008</u>
6. <u>Sasha Ottey</u> <u>931 Monroe Dr, Suite A-470</u> <u>Atlanta</u> <u>GA</u> <u>30308</u> Officer / CEO Address City State Zip Code				
<u>William Patterson</u> <u>931 Monroe Dr, Suite A-470</u> <u>Atlanta</u> <u>GA</u> <u>30308</u> Officer / CFO Address City State Zip Code				
<u>William Patterson</u> <u>931 Monroe Dr, Suite A-470</u> <u>Atlanta</u> <u>GA</u> <u>30308</u> Officer / Secretary Address City State Zip Code				
7. Effective Date: (Choose one) <input checked="" type="checkbox"/> Upon filing <input type="checkbox"/> Delayed effective date and/or time: _____ <small>(A delayed effective date must be within 90 days of the filing date.)</small>				
8. NOTICE: Mail the following items to the Secretary of State at the above address. (1) This application; (2) An ORIGINAL certificate of existence or good standing, not more than 90 days old, certified by the home state or country. (Certificate from home state may not be more than 90 days old; copy of articles of incorporation from home state should NOT be submitted.); and (3) Filing fee of \$225.00 payable to "Secretary of State." Filing fees are non-refundable. (4) If applicable, a copy of the resolution of the board of directors, certified by corporation's secretary, adopting a fictitious or trade name.				
_____ Signature of Authorized Person			<u>February 21, 2017</u> Date	
<u>Sasha Ottey</u> Print name			<u>Executive Director</u> Title	

STATE OF MARYLAND
Department of Assessments and Taxation

I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT PCOS CHALLENGE, INC., INCORPORATED DECEMBER 02, 2008, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS MARCH 01, 2017.



Michael L. Higgs
Acting Director



SECRETARY OF STATE
CORPORATIONS DIVISION
2017 MAR -8 PM 2:35

301 West Preston Street, Baltimore, Maryland 21201
Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941 0010499891
MRS (Maryland Relay Service) (800) 735-2258 TT/Voice
Fax (410) 333-7097

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