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| (Re | questor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | cument Number |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 12, 2007

CORPORATION SERVICES COMPANY

SUBJECT: ADVENTURES IN FAITH MINISTRIES, INC.

Ref. Number: W07000050686

We have received your document for ADVENTURES IN FAITH MINISTRIES, INC. and your check(s) totaling \$. 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 the corrected original and one copy of 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) 245-6955.

Letter Number: 607A00060174

Suzanne Hawkes Regulatory Specialist II New Filing Section



| ACCOUNT NO. : 07210000032 |
|---|
| REFERENCE : 260398 7601977 |
| AUTHORIZATION: Spelle le man |
| COST LIMIT : \$ 70.00 |
| ORDER DATE: October 5, 2007 |
| ORDER TIME : 9:30 AM |
| ORDER NO. : 260398-005 |
| CUSTOMER NO: 7601977 |
| FOREIGN FILINGS |
| NAME: ADVENTURES IN FAITH MINISTRIES INC. |
| XXXX QUALIFICATION (TYPE: NP) P |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING |
| CONTACT PERSON: Susie Knight EXT# 2956 EXAMINER: |

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.

| · · | DRES IN FAITH MINISTRIE | 7 | | | |
|--------------------|--|---|---|---------------------------------|------|
| | corporation; must include "INCORPORAT Corp," "Inc," "Co," or "Corp.") | ГЕD," "СОМРА | NY," "CORPORATION, | ,, | |
| me., co., c | orp, me, co, or corp. | | | | |
| | | | | | |
| (If name unavail | lable in Florida, enter alternate corporate n | ame adopted for | the purpose of transacting | business in Florida) | |
| 2. NORTH CA | AROLINA | 2 | | | |
| (State or country | under the law of which it is incorporated) | _ 3, | (FEI number, if applic | cable) | |
| _ | | | | | |
| (Date | e of incorporation) | (Duration: | Year corp. will cease to e | xist or "perpetual") | |
| 6. | N/A | | | | |
| | //A (Date first transacted busin (SEE SECTIONS 607.1501 & 60 | ess in Florida, if 07.1502, F.S., to | prior to registration) determine penalty liability | ·) | |
| 7. <u>/30/</u> | Box 103 SMYRNA (Current mailing | address) | ey West Fl | 83040 | |
| PO. | BOX 103 SMYRNA | NC | 28579 | | |
| • | (Current mailing | address) | | | |
| _ | | | | O7 | 4 |
| 8. KELIG | SIOUS WORK, WORSE | 41P AND | KELATED AC | TIMITIES. | • |
| (Purpose(s | s) of corporation authorized in home state | or country to be | carried out in state of Flori | da) Ha | E123 |
| 9. Name and street | et address of Florida registered agent: | (P.O. Box <u>NO</u> | <u>r</u> acceptable) | SERVICE | n |
| Name: | Corporation Service Compar | ny | | F | |
| Office Address: | 1201 Hays Street | | | AN 11: 10 OF STATE E, FLORIDA | |
| | Tallahassee | , Flor | 32301 | 50 | |
| | (City) | , FIOR | (Zip code) | | |
| 10 Pagistanad a | gent's acceptance: | | | | |
| • | gent's acceptance. 1ed as registered agent and to accept s | ervice of proce. | ss for the above stated o | corporation at the plac | :e |
| · · | s application, I hereby accept the appo | - | 0 0 | • • | |
| | comply with the provisions of all statut r with and accept the obligations of m | | | perjormance oj my ai | mes |
| | Corporation Service Company | | | | |
| C | orporation service company | | ue G. Knight | | |
| <u>E</u> | By Sue D. Knipe | | as its agent | | |
| | (Registered agent's signat | ure) | | | |

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 business addresses of officers and/or directors:

| A. DIRECTORS |
|--|
| Chairman: EVELYN BATTS DERRETH |
| Address: 1301 TRUMAN AVE APT 5 |
| KEY WEST, FL 33040 |
| Vice Chairman: EVELYN D. LEWIS |
| Address: 152 HIBHWAY 70 E |
| SMYRNA, NC 28579 |
| Director: REV. RICHARD J. DERRETH |
| Address: 130/ TRUMAN AVE. APT 5 |
| KEY WEST FL 33040 |
| Director: |
| Address: |
| ASS - |
| B. OFFICERS B. OFFICERS DECORPTED TO SEE THE SEE TH |
| President: EVELYN BATTS DERRETH |
| Address: 1301 TRUMAN AVE. APT. 5 |
| KEY WEST, FLORIDA 33040 |
| Vice President: EVELYN D. LEWIS |
| Address: 152 HIGHWAY TO E |
| SMYRNA, NC 28579 |
| Secretary RICHARD IT DERPETH |
| Address: 1301 TRUMAN AVE APT 5 KEY WEST, FL 3304 |
| - RUMAN T DEARTH |
| Address: 1301 TRUMAN AVE APT 5 KEY WEST FL 33040 |
| |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| 13. Evely Chatte (Signature of Director or Officer listed in number 12 of the application) |
| 14. EVELYN BATTS DERRETH, PRESIDENT |
| (Typed or printed name and connectity of parson signing application) COB |



NORTH CAROLINA Department of The Secretary of State

CERTIFICATE OF EXISTENCE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that

ADVENTURES IN FAITH MINISTRIES, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 15th day of September, 1983, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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SECRETARY OF STATE
ANALYSISSES FLORIDA



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 10th day of October, 2007.

Secretary of State

Elaine I. Marshall

Certification# 87071587-1 Reference# 8775325- Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification