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(City/State/Zip/Phone #)

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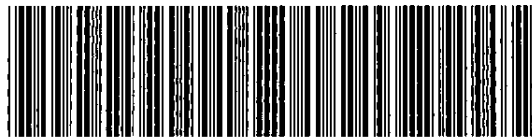
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MOUNT OLIVE BIBLE INSTITUTE & SEMINARY, 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", 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:

DR. RANDOLPH A. AUSTIN

Name of Person

MOUNT OLIVE BIBLE INSTITUTE & SEMINARY

Firm/Company

830 UTICA AVENUE

Address

BROOKLYN, NY 11203

City/State and Zip Code

MTOLIVEBIS@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DR. RANDOLPH AUSTIN

Name of Person

at (718) 287-2959

Area Code & Daytime Telephone Number

MAILING ADDRESS:

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

New Filing 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 & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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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:

1. MOUNT OLIVE BIBLE INSTITUTE & SEMINARY, 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.)
2. NEW YORK 3. 61-1451888
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MARCH 03, 2004 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 725-727 SOUTH 21 AVE HOLLYWOOD, FL. 33020
(Principal office address)
830 UTICA AVE. BROOKLYN, NY 11203
(Current mailing address)
8. SEMINARY EDUCATION
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)
Name: DR. DELROY CHAMBERS
Office Address: 725-727 SOUTH 21 AVE
HOLLYWOOD, Florida 33020
(City) (Zip Code)

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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: DR. RANDOLPH A. AUSTIN

Address: 104-14 131ST STREET

RICHMOND HILL, NY 11419

Vice Chairman: DR. MADONNA HENDRICKS

Address: 233 EAST 39TH STREET APT. 1A

BROOKLYN, NY 11203

Director: DR. GALE FORDE

Address: 1494 EAST 96TH STREET

BROOKLYN, NY 11236

Director: DR. JOAN HILL

Address: 238 ROCHESTER AVE.

BROOKLYN, NY 11213

B. OFFICERS

President: DR. RANDOLPH A. AUSTIN

Address: 104-14 131ST STREET

RICHMOND HILL, NY 11419

Vice President: DR. HAZEL THOMAS-HODGE

Address: 431 EAST 46TH STREET

BROOKLYN, NY 11203

Secretary: EUGENE CUMBERBATCH

Address: 128-15 133RD AVE, SOUTH OZONE PARK, NY 11420

Treasurer: EUGENE CUMBERBATCH

Address: 128-15 133RD AVE., SOUTH OZONE PARK, NY 11420

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NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

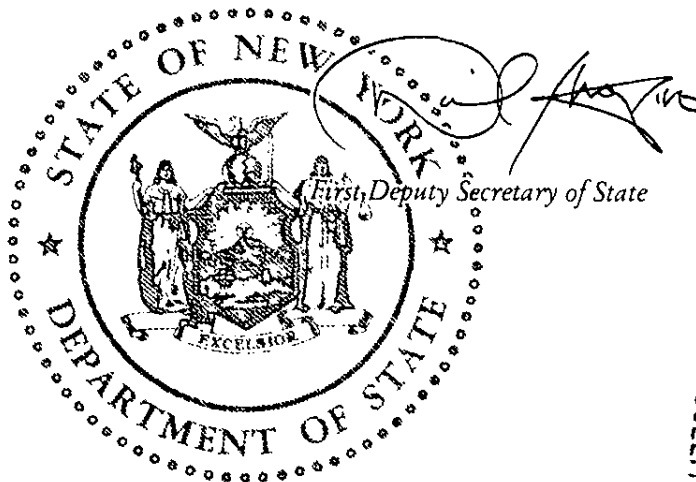
13. Dr. Randolph A. Austin
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DR. RANDOLPH A. AUSTIN
(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of MOUNT OLIVE BIBLE INSTITUTE & SEMINARY, INC. was filed on 03/03/2004, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 09th day of July, two
thousand and nine.*



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