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TALLAHASSEE, FLORIDA

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J. Shivers OCT 15 2009

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Apostolic And Profetic Outreach, 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:

Abner Ramos
Name of Person

Firm/Company

433 Opal Ct
Address

Altamonte Springs, FL 32714
City/State and Zip Code

Qlabs777@b-mail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Abner Ramos at (407) 899-1759
Name of Person 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

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. Apostolic And Profetic Outreach, Incorporated
(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. Washington 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/30/2009 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. None
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 433 Opal Ct Altamonte Springs FL 32714
(Principal office address)

Same Above
(Current mailing address)

8. Our Purpose to Reach out the Community, the Homeless And Low income Families.
(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: Abner Ramos

Office Address: 433 Opal Ct
Altamonte Springs, Florida 32714
(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.

Abner Ramos
(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: Abner Ramos

Address: 433 Opal Ct
Altamonte Springs FL, 32714

Vice Chairman: Yasmin Ramos

Address: 433 Opal Ct
Altamonte Springs FL, 32714

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Abner Ramos

Address: 433 Opal Ct
Altamonte Springs FL, 32714

Vice President: Yasmin Ramos

Address: 433 Opal Ct
Altamonte Springs FL, 32714

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Abner Ramos
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Abner Ramos / Chairman / President
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF APOSTOLIC AND PROFETIC OUTREACH

I **FURTHER CERTIFY** that the records on file in this office show that the above named Corporation Sole was formed under the laws of the State of WA and was issued a Certificate of Incorporation in Washington on 7/30/2009.

I **FURTHER CERTIFY** that as of the date of this certificate, APOSTOLIC AND PROFETIC OUTREACH remains active and has complied with the filing requirements of this office

Date: August 14, 2009

UBI: 602-942-568

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State

UNITED STATES OF AMERICA

The State of  Washington

Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF INCORPORATION

to

APOSTOLIC AND PROFETIC OUTREACH

a/an WA Corporation Sole. Charter documents are effective on the date indicated below.

Date: 7/30/2009

UBI Number: 602-942-568

APPID: 1501213

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State