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(Requestor's Name)						
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(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
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Office Use Only



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DIVISION OF CORPORATIONS

P37/1/11

COVER LETTER

TO:	New Filing Se Division of Co				
SUBJ	ECT:		ess An Orph		
		Name of Corpo	oration – must inc	lude suffix	
Dear S	ir or Madam:				
"Certif	ficate of Existenc		d Standing" and		ation to Conduct its Affairs in Florida nitted to register the above reference
Please	return all corresp	ondence concerning this	s matter to the fol	lowing:	
			Karissa Was	shburn	
			Name of Pe	rson	
			Bless An Orph		
			Firm/Comp	any	
				-	
,			PO Box 2 Address		
			Vero Beach, F City/State and 2		
		kariasa@h	loccanornhan	oom	
	——————————————————————————————————————	ail address: (to be used f	essanorphan.		tion)
Ear far		concerning this matter,		- F	,
roi iui	mer mormation	concerning ans matter, j	nease can.		
		issa f Person	at (423) Area Code	316 & Daytime Te	39232 Iephone 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			
Enclos	ed is a check for	the following amount:			
\$70	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 F Certified	filing Fee & I 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	BI	ess An Orpna	n, inc.			_
(Name of cor import in lange in the name a	poration: must include the word "ING guage as will clearly indicate that it is at present. "Company" or "Co." may re	CORPORATED" or " s a corporation instead not be used as a corpo	CORPOR dof a nati rate suffi	RATION" or words or abbrevural person or partnership if a x by a nonprofit corporation.	viations of lik not so contain)	te ned
2.	Montana	3.		20-8648679		
			. 20-8648679 (FEI number, if applicable)			
4	April 15, 2008	5	5. perpetual (Duration: Year corp. will cease to exist or "pe			
	(Date of Incorporation)	(Dura	tion: Yea	ir corp. will cease to exist or	"perpetual")	
6	enducted affairs in Florida if prior to reg					
(Date first co	enducted affairs in Florida if prior to reg	gistration. See sections	617.1501	& 617.1502, F.S. to determin	e penalty liab	ility.)
7.	Deer Creek Corp. Service	es 1076 N. Ewin	g Stree	et Helena, MT 59601		
	<u> </u>	(Principal office ad	iress)			_
	PO Box	261 Vero Beach	FL 32	961		
 	1 0 80%	(Current mailing a				-
		_				
8. P	roviding assistance & humar	nitarian aid to ori	hans,	orphanages & the nee	edy.	
(Purpose(s)	of corporation authorized in home sta	te or country to be ca	rried out	in the state of Florida)		_
O. Nomo and a	street address of Florida registered	Laconti (D.O. Pov. N	IOT acc	antahla)		_
y. Name and s	street address of Florida registered	ragent. (F.O. DOX <u>r</u>	ioi acci	epiaoie)		SEI
Nama	: Karissa Washburn				1 JUN 30	SECH
Ivallic					ည်	827.4 5.64
Office Addres	ss: 9045 Americana Way					22F
					PH	중익다
	Vero Beach	, Flor	ida	32966	2: 2	ST/ ORA
	(City)			(Zip Code)	29	ILED RY OF STATE CORPORATIONS
10 Register	ed agent's acceptance:					Ś
Having been !	named as registered agent and to	accept service of p	rocess fo	or the above stated corpor	ation at the	place_
designated in further agree	this application, I hereby accept	the appointment as all statutes relative	register	ed agent and agree to act roper and complete perfor	in this cape mance of n	icity. I iv duties.
and I am fam	to comply with the provisions of iliar with and accept the obligation	ons of my position of	is registe	ered agent.		., w,
	V					
	/ .	α				
	JANAA A	1/1/21/6	lui -			
		(Registered agent's s	gnature)		-	
		, 5	- /			

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: Director:_ Address:_ **B. OFFICERS** President: Karissa Washburn Address: PO Box 261 Vero Beach, FL 32961 Vice President: Marshall Washburn Address: PO Box 261 Vero Beach, FL 32961 Secretary: Terry Ann Cu-Unjieng

Address: 10130 Northlake Blvd. Ste. 214-342 West Palm Beach, FL 33412

Treasurer: Jeremy Wiles

Address: 10130 Northlake Blvd. Ste. 214-342 West Palm Beach, FL 33412

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

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

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

Karissa Washburn, President and Founder

(Typed or printed name and capacity of person signing application)

besa11160171637060a01-e-d183680

SECRETARY OF STATE STATE OF MONTANA

CERTIFICATE OF EXISTENCE

I, Linda McCulloch, Secretary of State of the State of Montana, do hereby certify that

BLESS AN ORPHAN, INC.

duly filed its Articles of Incorporation in this office on 15 April 2008, and on that date was created a body politic and corporate.

I further certify that all fees reflected in the records of the Secretary of State have been paid by said corporation and that the most recent annual report has been filed with this office.

I further certify that no articles of dissolution have been placed on record in this office by said corporation and my records indicate the corporation is in good standing under the laws of the State of Montana and authorized to transact in business and conduct its affairs in this state.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 10 June 2011.

jorde Mc Cullan

LINDA MCCULLOCH Secretary of State

Certified File Number: D183680

11 JUN 30 PH 2: 30