



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 FEB 11 AM 11:51
TALLAHASSEE, FLORIDA

January 13, 2016

JOSE LUIS CRUZ
CENTER INTERNATIONAL OF CHAPLAINS COMM.
649 W. SIXTH ST. #B
TUSTIN, CA 92780

SUBJECT: CENTER INTERNATIONAL OF CHAPLAINS COMMUNITIES
MAHANAIM CORPORATION
Ref. Number: W16000002025

We have received your document for CENTER INTERNATIONAL OF CHAPLAINS COMMUNITIES MAHANAIM CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 716A00000831

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CENTER INTERNATIONAL OF CHAPLAINS COMMUNITIES MAHANAIM
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", or "Certificate of Status" 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:

JOSE LUIS CRUZ
Name of Person
CENTER INTERNATIONAL OF CHAPLAINS COMMUNITIES MAHANAIM
Firm/Company
649 W. Sixth St #B
Address
Tustin Ca 92780
City/State and Zip Code
presidente@cideccomahanaim.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

José Luis Cruz at (714) 307-4516
Name of Person Area Code Daytime Telephone Number

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration 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. CENTER INTERNATIONAL OF CHAPLAINS COMMUNITIES MAHANAIM CORPORATION

(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.)

UNIVERSITY INTERNATIONAL MAHANAIM LEADERSHIP AND MANAGEMENT

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. TEXAS 3. 81670974
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/152012 5. Perpetual
(Date of Incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 3191 Medical Center Dr. Apto. 40203 Mckinney Texas 75069
(Principal office address)

649 W. Sixth St #B Tustin Ca 92780
(Current mailing address, if different)

8. CHRISTIAN UNIVERSITY
(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: Lemuel Rodriguez

Office Address: 13105 SW 16th Ct. Suite L.11
Pembroke Pines, Florida 33027
(City) (Zip Code)

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.

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2016 FEB 11 PM 5:18
STATE DEPARTMENT OF REVENUE
TALLAHASSEE FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: José Luis Cruz
649 W. Sixth St #B Tustin Ca 92780
Address: _____

Vice Chairman: Yolanda Gonzales
2000 Stone Road Balsat Co 81621
Address: _____

Director: Enrique Brito
8132 Opal CR A Huntington Beach CA 92647
Address: _____

Director: Carlos Peña
3191 Medical Center Dr Apt. 40203 Mckinney Tx 75069
Address: _____

B. OFFICERS

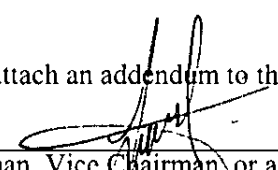
President: José Luis Cruz
649 W. Sixth St #B Tustin Ca 92780
Address: _____

Vice President: Yolanda Gonzales
2000 Stone Road Balsat Co 81621
Address: _____

Secretary: Enrique Brito
8132 Opal CR A Huntington Beach CA 92647
Address: _____

Treasurer: Carlos Peña
3191 Medical Center Dr Apt. 40203 Mckinney Tx 75069
Address: _____

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

13. Jose Luis Cruz

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

14. Jose Luis Cruz
(Typed or printed name and capacity of person signing application)

FILED

2016 FEB 11 PM 5:18

CLERK OF STATE
TALLAHASSEE, FLORIDA

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Carlos H. Cascos
Secretary of State

Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for CENTER INTERNATIONAL OF CHAPLAINS COMMUNITIES "MAHANAIM" (file number 801670974), a Domestic Nonprofit Corporation, was filed in this office on October 15, 2012.

It is further certified that the entity status in Texas is in existence.

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SECRETARY OF STATE
CATERASSER, FLORENCE
FILED

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 03, 2016.



A handwritten signature in black ink, appearing to read "Cascos".

Carlos H. Cascos
Secretary of State