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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SUPERBIZ.COM, INC.

Account Number : I20070000160 : (800)494-3124

: (305)675-2811 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	
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FOREIGN PROFIT/NONPROFIT CORPORATION CAMP STRONGHOLD MINISTRIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA H · 16000133800.3

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:

Camp Strongho [Name of corporation: must include the word "INCORPORAT	ld Ministries,	Inc.		
import in language as will clearly indicate that it is a corporation in the name at present, "Company" or "Co." may not be used as	ED" or "CORPORA in instead of a natura s a corporate suffix b	ATION" or words or all person or partners by a nonprofit corpo	abbreviations of hip if not so con ration.)	like tained
NEW MEXICO 3			j	,
(State or country under the law of which it is incorporated)	(FE)	number, if applical	ole)	
10/31/2002 5	(Duration: Year o	PERPETUAL	<u> </u>	
(Date of Incorporation)	(Duration: Year o	corp, will cease to e	tist or "perpetual	")
(Date first conducted affairs in Florida if prior to registration. See	sections 617.1501 &	617 1502, F.S. to de	termine penalty li	iability.)
21318 Caribbean Lane, Panam				
(Principal c	office address)			
21219 Caribbaan Lang Banam	o Cihi Doorb S	EL SOATO LICA		
21318 Caribbean Lane, Panam	nailing address)	-L, 324 13 USA		
Ç				
MINIS	TRY	_		•
(Purpose(s) of corporation authorized in home state or country	to be carried out in	the state of Florida)	Du -	
		ł		
. Name and street address of Florida registered agent: (P.C). Box <u>NOT</u> accep	itable)		ď
Llama F. Chalcan III			3	- NATIVEDES
Name: Henry F. Stokes, III				13.M*-M-3
Office Address: 21318 Caribbean Lane				
Mice Address. E1010 Odinoodii Edilo	<u></u>	J	25 5	E HANDERS
Panama City Beach	Florida	32413		
(City)		(Zip Code	Diam of	
 Registered agent's acceptance: Iaving been named as registered agent and to accept serv 	ice of process for	the above stated	ornaration at t	ho nlace
esignated in this application. I hereby accept the appoint	ment as registerea	i agent and agree	to act in this co	apacity. I
urther agree to comply with the provisions of all statutes nd I am familiar with and accept the obligations of my p	relative to the proj osition as revisteri	per and complete ed agent.	performance o	f my duties
	3			
· ·				
	-			
Registered	agent's signature)			
(Augustia	-Borra a n'Eliacato)			
Attached is a certificate of existence duly authenticated				

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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12. Name	s and addresses of officers and/or directors: # 1600013	133800.3		
A. DIREC	CTORS			
Chairman:	Henry F. Stokes, III			
Address:2	1318 Caribbean Lane			
<u>P</u>	anama City Beach, FL, 32413			
Vice Chairr	nan; David Wiley			
Address: 2	1318 Caribbean Lane			
<u>P</u>	anama City Beach, FL, 32413			
Director: S	iade Jones			
Address: 2	1318 Caribbean Lane			
<u> P</u>	алата City Beach, FL, <u>32413</u>	_		
Director:_C	hris Wade			
Address: 2	1318 Caribbean Lane	<u> </u>		
P	алата City Beach, FL, 32413			
B. OFFI	CERS	SE	16	
President:_		5.5		All I
Address:		\ \frac{1}{2}	#Silva	is represent
_		44	-P	
Vice Presid	ent:	770	15	Separate
		NID NIC	35	
		خز		
Secretary:_				
Address:				
Treasurer:_				
Address:				
NOTE: If	necessary, you may attach an addendum to the application listing additional office	rs and/or	r direct	tors.
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the	 applicati	on)	
14	Henry F. Stokes, III, Chairman	[
	(Typed or printed name and capacity of person signing application)	ann	. 3	
	-11 11 ₋ ////11	ソモエスノー	\smile	

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OFFICE OF THE SECRETARY OF STAT

NEW MEXICO

Certificate of Good Standing and Compliance

IT IS HEREBY CERTIFIED THAT:

CAMP STRONGHOLD MINISTRIES, INC. 2293298

the above named entity, a Corporation incorporated under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Nonprofit Corporation, under the

Nonprofit Corporation Act

53-8-1 to 53-8-99 NMSA 1978

having filed its Articles of Incorporation on October 31, 2002, and Certificate of Incorporation issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices!

Certificate Issued: June 1, 2016

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.



Brad Winter Secretary of State

Certificate Validation #: 0000493

A certificate issued electronically from the New Mexico Secretary of States office is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Validation option on the Business Filing System at https://portal.sos.state.nm.us/b/s/online and following the instructions displayed under Certificate Validation.

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