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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

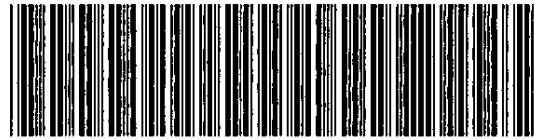
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T WASHINGTON

OCT 17 2016

24779

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Living Waters Counseling Center 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", 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:

Robert J Eldredge

Name of Person

RJ Eldredge Co

Firm/Company

3580 E Gulf to Lake Hwy

Address

INVERNESS FL 34453

City/State and Zip Code

roberteldredge@hotmail.com

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

For further information concerning this matter, please call:

Robert Eldredge

Name of Person

at

(352)

Area Code

344-8300

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. Living Waters Counseling Center 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.)
Living Waters Counseling Center Inc of Florida
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. South Carolina 3. 90-0864213
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 23 2012 5. perpetual
(Date of Incorporation) (Date of duration, if other than perpetual)
6. Oct 4 2016
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 9679 W Pimpernel Lane Crystal River FL 34429
(Principal office address)

(Current mailing address, if different)

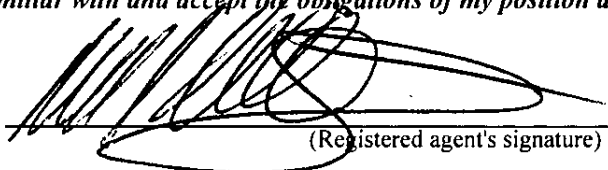
8. Christian Counseling
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Robert J Eldredge, EA
Office Address: 3580 E Gulf to Lake Hwy
INVERNESS, Florida 34453
(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.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Raymond Scalabrini

Address: 3945 N Huckleberry Pt
Beverly Hills Fl 34465

Director: _____

Address: _____

B. OFFICERS

President: Mari Guarneri

Address: 9679 W Pimpernel Lane
Crystal River Fl 34429

Vice President: Richard Guarneri

Address: 9679 W Pimpernel Lane
Crystal River Fl 34429

Secretary: Thomas Rutledge

Address: 4 Boyces Wharf Charleston SC 29401

Treasurer: _____

Address: _____

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

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

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

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence, Nonprofit Corporation

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

LIVING WATERS COUNSELING CENTER ,
a nonprofit corporation duly organized under the laws of the State of South Carolina on July 23rd, 2012, has as of the date hereof filed as a nonprofit corporation for religious, educational, social, fraternal, charitable, or other eleemosynary purpose, and has paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-31-1421, and that the nonprofit corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great Seal
of the State of South Carolina this 3rd day
of October, 2016.


Mark Hammond, Secretary of State