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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

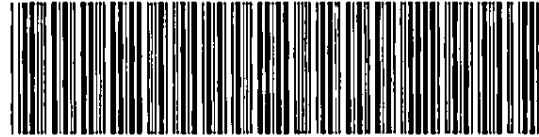
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SECRETARY OF STATE
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2018 OCT 31 PM 3:06

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(813) 254-7341 FAX

DIRECT DIAL: 813-295-6925

October 17, 2018

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Registration of a Foreign Corporate Name
Seminario Reformado Latinamericano, Inc.
Our File #0200-13

Dear Sir or Madame:

Enclosed are the Cover Letter, Application for Registration of a Foreign Corporate Name for Foreign Not for Profit Corporation, and check of this office in the amount of \$96.25 for the \$87.50 filing fee and \$8.75 fee for a certified copy.

Please return the certified copy to this office in the envelope enclosed.

Very truly yours,

WALTERS LEVINE & LOZANO


Alan F. Gonzalez, LL.M., Esquire

AFG:cmn
Enclosures
cc: Client

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TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEMINARIO REFORMADO LATINAMERICANO, 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:

ALAN F. GONZALEZ, ESQUIRE
Name of Person

Walters Levine & Lozano
Firm/Company

601 Bayshore Blvd.
Address

Suite 720
Address

Tampa, FL 33606
City/State and Zip Code

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

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 REGISTRATION SECTION

For further information concerning this matter, please call:

Alan F. Gonzalez, Esq. at (813) 295-6925
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. SEMINARIO REFORMADO LATINAMERICANO, 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.)

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

2. Pennsylvania 3. 23-3014323 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/19/1999 5. (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. 700 Misty Hollow Drive, Maple Glen, PA 19002 (Principal office address)

P.O. Box 741034 Orange City, FL 32774 (Current mailing address, if different)

8. Teaching seminary for church pastors (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: NOE S. ACOSTA

Office Address: 845 Ashbrooke Court

Lake Mary, Florida 32746 (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.

Noe S. Acosta (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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: NOE S. ACOSTA
845 Ashbrooke Court
Address: Lake Mary, 32748

Vice Chairman: _____
Address: _____

Director: _____
Address: _____

Director: _____
Address: _____

B. OFFICERS

President: Board President Michael Delarm
Address: 30216 Island Club Drive
Deer Island, FL 32778

Vice President: William Greendyk
Address: 1730 Lettingwell Avenue NE
Grand Rapids, MI 49525

Secretary: Deborah Johnson
Address: 24718 Rolling Oak Road, Sorrento, FL 32776

Treasurer: Edward Sutherland
Address: 700 Misty Hollow Drive, Maple Glen, PA 19002

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

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

14. Noe S. Acosta SR2. Chairman-President - CEO
(Typed or printed name and capacity of person signing application)

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

10/05/2018

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Seminario Reformado Latinoamericano .

is duly registered as a Pennsylvania Non-Profit (Non Stock) under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Robert Lanes

Acting Secretary of the Commonwealth

Certification Number: TSC181005080113-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>