F00000005233

TO: Qualification/Registration Sec Division of Corporations	ction		
SUBJECT: HOLY	MISSION	US	
	(Name of Corporat	ion)	
Dear Sir or Madam:	2 W	100	0033979914 -09/19/0001040001 *****87.50
The enclosed "Application by Foreign its Affairs in Florida", "Certificate of referenced not for profit corporation to	Existence", and a	check are submitte	thorization to Conduct d to register the above
Please return all correspondence conc	erning this matte	r to the following:	
SPRING WA	PLLACE		
· · · · · · · · · · · · · · · · · · ·	(Name of Person)	至66
706 WHITE KEY WEST,	(Firm/Company) STREST (Address) FLORIDA	48	Your Park
/ (C	ity, State and Zip C	ode)	
For further information concerning this	s matter, please c	all:	. <u> </u>
SPRING WALLACE (Name of Person)	at (S87 a Code & Daytime To	- 78 \$08 elephone Number
STREET ADDRESS: Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	Qua Div P. (Tall	ALING ADDRES alification/Tax Lies ision of Corporation D. Box 6327 lahassee, FL 3231	SS: OF CONTROL OF CONT
Enclosed is a check for the following ar	mount:		૨ છ
S70.00 Filing Fee S78.75 Filing Certificate o	_	.75 Filing Fee & tified 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

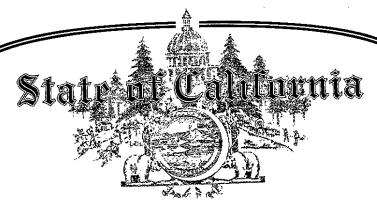
IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

Name of corporation: must include the word ".	INCORPORATED" or "CORPORATIO	N" or words or
abbreviations of like import in language as will person or partnership if not so contained in the corporate suffix by a nonprofit corporation.)	clearly indicate that it is a corporation name at present. "Company" or "Co." n	instead of a natural nay not be used as a
CALIFORNIA	3. 95-4298	364
2. CALIFORNIA (State or country under the law of which it is incorporated)	(FEI number, if a	oplicable)
it is incorporated) 1. ///20//990 (Date of Incorporation)	5. Perpetual	7.50
(Date of Incorporation)	(Duration: Year corp. will "perpetual")	cease to exist of
6. Quaust 2006 (Date corporation first conducted Affairs	1 1 ,	THE PURPLE
See sections 617.1501, 617.1502, and 81	7.155, F.S.)	MAILENG ADDRESS:
7. 3644 WATSEFA 1	QUENUE, SUITE 2	c/o SERÎNG-WALLACE 706 WHITE STREET, #8
LOS ANGELES (Current maili		KEY WEST, FL 33040
Promote worship of C	30d;	, •
Promote worship of 6 Distribution of Messo (Purpose(s) of corporation authorized in home	19e-bearing morchand	tige
(Purpose(s) of corporation authorized in home	state or country to be carried out in the	state of Florida)
). Name and street address of Florida r	_	
SPRING	Name) STREET #8 Office address)	· ·
	(Name)	
706 WHITE	STREET TO	
(Office address)	
KEY WEST (City)	, Florida,	040 Code)
(City)	(Zip t	code)
10. Registered agent's acceptance: Having been named as registered agent a	nd to accept service of process for	r the above stated

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: (Street address only- P. O. Box NOT acceptable) A. DIRECTORS (Street address only- P. O. Box NOT acceptable)
Chairman: JOSEPH CAMPBELL
Address: 3644 WATSEKA AVE #2
LOS ANGELES CA 90034
Vice Chairman: N/A
Address:
Director: SAM ELLS WORTH
Address: 9448 NATIONAL BLVD
Address: 9448 NATIONAL BLVD LOS ANGELES CA 90034 Director: MARILYN GRAVER
Director: MARILYN GRAVER
Address: 3644 WAT 32KA NOL &
LOS ANGELES CA 90034
B. OFFICERS (Street address only- P. O. Box NOT acceptable)
President: JOSEPH CAMPBELL
Address: 3644 WATSEFA AVE #2
LOS ANGELES CA 90034
Vice President: NONE
Address: W/A
Secretary: MARILYN GRAVER
Address: 3644 WATSEKA AVE #2 LOS ANGELES CA 20034
Treasurer: SAM ELLS WORTH
Address: 9448 NATIONIA BLUD LOS ANGELES CA 90034
NOTE: If necessary, you may attach an addendum to the application listing additional officers
and/or directors.
13. Seph Campbel (8) gnature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
· · · · · · · · · · · · · · · · · · ·
(Typed or printed name and capacity of person signification)



SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the ______ day of ______ November _____,19 90

HOLY MISSIONS

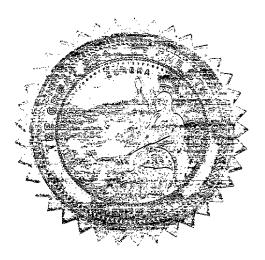
became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

July 21, 2000

Billyones

Secretary of State