

	TRANSMIT	TAL LETTER	
TO: Registration Division of	Section Corporations		,
SUBJECT:	HEA live HEArts (Name of Corporation	Of Families USA,	Unistries Inc.
Dear Sir or Madam:			
- Miana in Florida, 1	cation by Foreign Not for Pro Certificate of Existence", and tion to conduct its affairs in F	Check are submitted to region	ation to Conduct its ster the above referenced
Please return all corre	spondence concerning this m	natter to the following:	
	Ryth Zaguri (Name	u=74).	00004478449- -07/16/0101134(******78.75_*******7
	ine Hearts Of (Firm/C		Ministries Inc
	2270 Cldar - (Ad		
/	Ampa, Florida (City/State a	33613	
	(City/State a	and Zip Code)	= 0 W
For further information	a concerning this matter, plea	se call:	ALL AND TO THE PROPERTY OF THE
Anwie R. (Name of Person	Zaeurrie at (813 <u>979-9</u> 6 (Area Code & Daytime Te	240 SSE TO Lephone Number) A TO
STREET ADDRESS: Registration Section Division of Corporation 409 E. Gaines St. Fallahassee, FL 32399	as	MAILING ADDRESS Registration Section Division of Corporation P. O. Box 6327 Tallahassee, FL 32314	as
Enclosed is a check for	the following amount:	,	
□ \$70.00 Filing Fec	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 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: HEALTS OF FAMILIES USA MINISTRES, 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.) (State or country under the law of which it is incorporated)

3. 58-2562619

(FEI number, if applicable) 8-27-2000 (Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual") July 1,2001 (Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.) (Current mailing address) (Purpose(s) of corporation authorized in home state of country to be carried out in the state of Florida) 1/5 9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) , Florida ____ 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.

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:

À, DIRECTORS

Chairman: BONITA LACY
Address: 3833 Rice Points
DECATUS, GA 30034
Vice Chairman: Darry 1 Gronzalez
Address: 141 Ashford Way
Address. 141 11 Shifton Way
- Alabaster Alabama 35007
Director: Annie Ryth Izpeurie
Address: 2270 Cedar Trace Circle
TAMPR, FC 33613
Director: Cedije Kvans
Address: P.O. Rox 36/222
DECATUR, GA 30036
B. OFFICERS
President: Boxita Lacy
Address: 3833 Kee foints DECATUM, GA 30034
the strategy of the strategy o
Vice President:
Address:
Secretary: Nancy PEnbody
Address: 3947 Boring Road DECOTOR GA 30034
Treasurer: Nancy PERbody
Address: 3947 Boring Road, DElatur, Gn 30034
STIT FOTTING FUND , DEGATOR, ON SOUSA
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. Bonita Lacy President (Typed of printed name and capacity of person signing application)
(Typed of printed name and capacity of person signing application)

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Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530 DOCKET NUMBER : 011660549

CONTROL NUMBER : 0040084

DATE INC/AUTH/FILED: 08/25/2000

JURISDICTION : GEORGIA

PRINT DATE : 06/15/2001

FORM NUMBER : 211

BONITA LACY 3833 RICE POINTE DECATUR, GA 30034

CERTIFICATE OF EXISTENCE

ALLAHASSEE FLOR

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

HEALING HEARTS OF FAMILIES USA MINISTRIES, INC. A DOMESTIC NONPROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the abovenamed entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox