

CORPORATE  
ACCESS,  
INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

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TALLAHASSEE, FLORIDA

1.) The Office of Director for Healthcare Mission and His  
(CORPORATE NAME & DOCUMENT #)

2.) Successor a Corporation Sole  
(CORPORATE NAME & DOCUMENT #)

3.)  
(CORPORATE NAME & DOCUMENT #)

4.)  
(CORPORATE NAME & DOCUMENT #)

5.)  
(CORPORATE NAME & DOCUMENT #)

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**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. The Office of Director for Healthcare Mission and His Successors, a Corporation Sole  
(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.)

2. Nevada 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7-16-02 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Date of this Filing  
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)

7. 2107 Hidden Cove Lane, #32-B, Merritt Island, Florida 32935  
(Principal office address)

Same  
(Current mailing address)

8. Religious, Educational and Eleemosynary (Charitable)  
(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 or Mail Drop Box **NOT** acceptable)

Sole Resourcus  
Name: Joey K. Lansing

Office Address: 1980 N. Atlantic Ave, Suite 602

Cocoa Beach, Florida 32931  
(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.*

Joey K. Lansing  
(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: Sheldon Hoxie, Director

Address: 2107 Hidden Grove Lane, #32-B  
Merritt Island, Florida 32953

Vice Chairman: N/A

Address: \_\_\_\_\_

Director: N/A

Address: \_\_\_\_\_

Director: N/A

Address: \_\_\_\_\_

B. OFFICERS

President: Sheldon Hoxie, Director

Address: 2107 Hidden Grove Lane, #32-B

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13. [Signature] DIRECTOR  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. DR. SHELDON M. HOXIE, DIRECTOR  
(Typed or printed name and capacity of person signing application)

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# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, limited-liability companies, limited partnerships, and limited-liability partnerships pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence **THE OFFICE OF DIRECTOR FOR HEALTHCARE MISSION AND HIS SUCCESSORS, A CORPORATION SOLE** as a Non-Profit Corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since **July 16, 2002**, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand  
and affixed the Great Seal of State, at my office, in  
Las Vegas, Nevada, on **July 16, 2002**.



*Dean Heller*

Secretary of State

By *Lauren M. Buzen*

Certification Clerk