\ INC. \	P.O. Box 37066 (32315-7066)	venue . Tallahassee, Florida 32303 ~ (850) 222-2666 or (800) 969-1666 .	. Fax (850) 222-1666
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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.	Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of in language as will clearly indicate that it is a corporation instead of a natural person or archive in the state of a natural person or a	یک م	1,
	(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of	ike impo	ort
	in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)	the nam	e at
	present. Company of Co. may not be used as a corporate sminx by a nonpront corporation.)		
2.	Nevada 3		
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	* 2	_
		ے ج	
4.	(Date of Incorporation) 5. Perpetual (Duration: Vear corp. will cease to exist or "perpe	:	
	(Date of Incorporation) (Duration: Vear corp. will cease to exist or "perpet	ual"	_
		ြိတ်	=
6.	Date at this filing	. —	m
	(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)	1 3	_
	1 0		
7.	2107 Hidden Cove Lane #32-B Merritt Toland, Florida 385	3ď5	
	(Principal office address)	C)	
	Same		
	(Current mailing address)		
	,		
8.	Religions Educational and Elegenous (Charles)		
	Religions 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 Resources		
	Name: Joey K. Lansing		
Λf	ffice Address: 1980 N. Atlantic Ave Suto 602		
O1	more Address. 1100 10 HTIMATIC TIVE, Sunt 60C		
	Cocoa Beach , Florida 32931		
	(City) (Zip Code)		
10	Designation of a second		

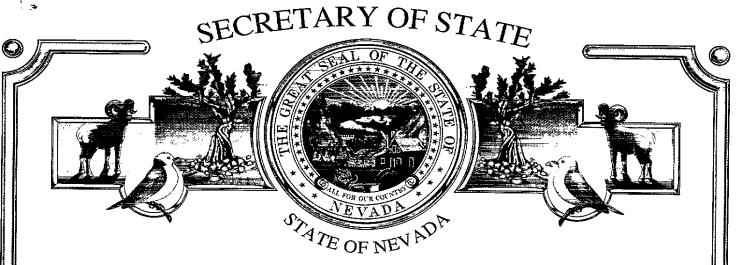
Registered agent's acceptance:

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:

A. DIRECTORS	
Chairman: Sheldon Hoxie Director	- _A
Address: 2107 Hidden Grove Lone #32-B	
Mercett Island Florida 32953	
Vice Chairman: N/A	* * ·
Address:	ديدودها يتسا
	, =
Director:	. 18712 - 😓
Address:	de
——————————————————————————————————————	
Director: NA - AR S	
Address:	<u></u>
B. OFFICERS	
President: Sheldon Hoxie Director	
Address: 2107 Hilden Gave Lane, #32-B	-
15 F4E	
Vice President:	_ +3
Address:	New control
Secretary:	•
Address:	4
Treasurer:	V vy≕vy s
Address:	·· # -·
NOTE: If necessary was all a larger to the same of the	
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. DR SHEEDON M. HONE, DIRECTOR (Typed or printed name and capacity of person signing application)	3
(1) poor of printed name and capacity of person signing application)	



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**.

Secretary of State

By Lauren Brye

Certification Clerk