# FORMODOS143 Qualification/Registration Section

TO: Qualification/Registration Section	
Division of Corporations SUBJECT: ART OF LIVING FOUNDATION	
SUBJECT: AK OF LIVING TOWNDA HOW  (Name of Corporation)	: . =
Dear Sir or Madam:	
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Confident R	
its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conducts its affairs in Florida.	
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Please return all correspondence concerning this matter to the following:	
Jettrey S. Houl	
(Name of Person)	_
ART OF LIVING FOUNDATION	
(Firm/Company) 600004582366-	
	302 97 50
TO SOX 5003 -03/11/01010211 ******87.58 *******E	
(Address) ******87.50 *******	
******87, 58 ******8	
(Address)  SANTA BARBADA, CA GOO GOOD  (City, State and Zip Code)	
(Address) ***********************************	
(Address)  SANTA BARBADA, CA 930 93150  (City, State and Zip Code)  For further information concerning this matter, please call:  To F Hour at (805), 684 - 6545	
(Address)  SANTA BARBADA, CA 930 93.650  (City, State and Zip Code)  For further information concerning this matter, please call:  TOP HOW at (805) 684 654  (Name of Person)  Area Code & Daytime Telephone Number	
(Address)  SAWTA BARBADA, CA 130 93/50  (City, State and Zip Code)  For further information concerning this matter, please call:  at (805) 684 6545  (Name of Person)  Area Code & Daytime Telephone Number  STREET ADDRESS: Qualification/Tax Lien Section  Qualification/Tax Lien Section	
(Address)  SAWA BARBAA, CA \$30 93.50  (City, State and Zip Code)  For further information concerning this matter, please call:  THE HOLL at (805) 684 654  (Name of Person) Area Code & Daytime Telephone Number  STREET ADDRESS: Qualification/Tax Lien Section Division of Corporations  409 E. Gaines St.  P. O. Box 6327	
(Address)  SANTA BARBADA CA \$30 G3/50  (City, State and Zip Code)  For further information concerning this matter, please call:  THE HOULE AT \$80 G5/5  (Name of Person)  Area Code & Daytime Telephone Number  STREET ADDRESS: Qualification/Tax Lien Section Division of Corporations 109 E. Gaines St. Fallahassee, FL 32399  ********  (Address)  ********  ********  ********  *******	
(Address)  SANTA BARBADA, CA  (City, State and Zip Code)  For further information concerning this matter, please call:  THE HOLE  (Name of Person)  at (805) 684 6545  Area Code & Daytime Telephone Number  MAILING ADDRESS: Qualification/Tax Lien Section Division of Corporations 109 E. Gaines St. Fallahassee, FL 32399  Enclosed is a check for the following amount:	
(Address)  SANTA BARBADA CA \$30 G3/50  (City, State and Zip Code)  For further information concerning this matter, please call:  THE HOULE AT \$80 G5/5  (Name of Person)  Area Code & Daytime Telephone Number  STREET ADDRESS: Qualification/Tax Lien Section Division of Corporations 109 E. Gaines St. Fallahassee, FL 32399  ********  (Address)  ********  ********  ********  *******	



## FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

September 10, 2002

JEFFREY HOUK PO BOX 50003 SANTA BARBARA, CA 93150

SUBJECT: ART OF LIVING FOUNDATION CORPORATION

Ref. Number: W02000026129

We have received your document for ART OF LIVING FOUNDATION CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 902A00051816



#### FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

September 13, 2001

JEFFREY HOUK PO BOX 50003 SANTA BARBARA, CA 93150

SUBJECT: ART OF LIVING FOUNDATION CORPORATION

Ref. Number: W01000021270

We have received your document for ART OF LIVING FOUNDATION CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of \$1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificateof existence from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 301A00051406

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### **ART of Living Foundation**

Kevin Derheimer 840 Deep Lagoon Lane Fort Myers, FL 33919 239-768-2990 239-768-2905 fax kmderh@comcast.net

Division of Corporations Qualification/Tax Lien Section P.O. Box 6327 Tallahassee, FL 32314

September 5, 2002

Dear Sirs,

Last year we submitted the following paperwork for tax exempt status in florida. Week, have not received any status at this time. Last week, I contacted your office to obtain status and was informed that you had no record of our filing. Therefore, I am enclosing a copy of the paperwork we submitted, as well as a copy of the front and back of our check for \$87.50 that you cashed on Sept 11 2001. I would appreciate your clearing up this matter as soon as possible.

Sincerely

Kevin Derheimer

#### TRANSMITTAL LETTER

TO: Qualification/Registration Section Division of Corporations			
SUBJECT: ART OF LIVIN	6 FOUNDA	TIOW	
(Name of Corpo			
Dear Sir or Madam:			
The enclosed "Application by Foreign Not for Profits Affairs in Florida", "Certificate of Existence", an referenced not for profit corporation to conducts its	nd check are submitted to r		
Please return all correspondence concerning this ma	atter to the following:	AELA SEO:	
1 1 2 2 11 8		CT   HASS	
Jett Rey . Houl Name of Per	son)		
ATT OF LAND FRAME	UTATION		ξ.
ART OF LIVING FOUND	WDATION  any)	DE N	
Po Box 50003			
(Address)			
SANTA BAKBALA, CA	<u> </u>	50	
(City, State and Z	ip Code)		
For further information concerning this matter, plea	se call:		
To Hour at (8	OS 684 Area Code & Daytime Teleph	3545 one Number	•
STREET ADDRESS: Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Qualification/Tax Lien Se Division of Corporations P. O. Box 6327 Tallahassee, FL 32314	ction	
Enclosed is a check for the following amount:		•	
	Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy	

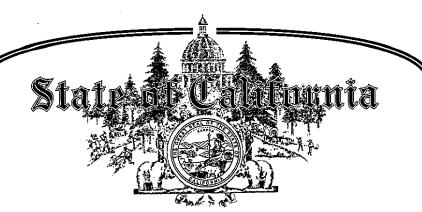
## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

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:

ART OF LIVING FOUNDATION CONPORTION	in i	b2C-	<i>t</i> /
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words of abbreviations of like import in language as will clearly indicate that it is a corporation instead of a neperson or partnership if not so contained in the name at present. "Company" or "Co." may not be use corporate suffix by a nonprofit corporation.)	or atura!	kered	i)
2 CA 3. 77-0240101			
(State or country under the law of which it is incorporated)  (FEI number, if applicable)	=1	$\hookrightarrow$	
4. August 1989 5. Pure Tural  (Date of Incorporation) 5.   Churchism: Year corp. will cease to exist	É	5	
6. //// O	ASSEE,	וווו י	
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)	25. 25. 25.	:: O:	Ü
7. 90 Box 50003	PHIC.	); 21	
SAWTA BARBARA, CA 93150			
(Clirrent marling address)			
8. Teach Seninary, hold public events / lectures, and (Purposes) of corporation authorized in home state or country to be carried but in the state of Florida	alice	here	sletters
9. Name and street address of Florida registered agent:	•		
Keuin Derheimer (Name)			
Section 1			
840 Deef Laguen Lane (Office address)			
840 Deep Lasoon Lane (Office address)			
FORT MYERS Florida, 339/9 (City) (Zip Code)			
840 Deef Laguen Lane (Office address)  For Myers Florida, 339/9 (City) (Zip Code)  10. Registered agent's acceptance:	لمدما		
FORT MYERS Florida, 339/9 (City) (Zip Code)	as visions		
Foff Myels	as visions		
For Myels Florida, 339/9  (City) Florida, 339/9  (Zip Code)  10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above succeptoration at the place designated in this application, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the proof all statutes relative to the proper and complete performance of my duties, and I am fa	as visions		

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: Address: Vice Chairman: Address: Director: Address: Director: Address: B. OFFICERS (Street address only- P. O. Box NOT acceptable) President: Address: Vice President: Address: Secretary: Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors of any officer listed in number 12 of the application) (Signature of ROUSURLE inted name and capacity of person signing application)

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



#### SECRETARY OF STATE

## CERTIFICATE OF STATUS DOMESTIC CORPORATION

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

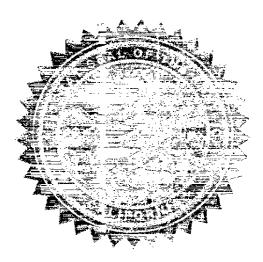
That on the **14th day of August, 1989, ART OF LIVING FOUNDATION** became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

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 October 3, 2002.

BILL JONES Secretary of State

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