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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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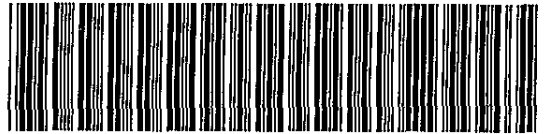
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Latin Impact Ministries, Inc.  
(Name of Corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Russell Black  
(Name of Person)

Latin Impact Ministries  
(Firm/Company)

27430 SW 164<sup>th</sup> St.  
(Address)

Homestead, FL 33031  
(City/State and Zip Code)

For further information concerning this matter, please call:

Russell Black at (305) 245-6479  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee      ☐ \$78.75 Filing Fee & Certificate of Status      ☐ \$78.75 Filing Fee & Certified Copy      ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA

**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. Latin Impact Ministries, Incorporated  
(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. Georgia 3. 74-2687669  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. March 18, 1996 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Have not conducted affairs in Florida yet.  
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 617.155, F.S.)
7. 27430 SW 164<sup>th</sup> Ct., Homestead, FL 33031  
(Principal office address)  
27430 SW 164<sup>th</sup> Ct., Homestead, FL 33031  
(Current mailing address)
8. Non-profit Christian Missions Ministry  
(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)  
Name: Russell V. Black  
Office Address: 27430 SW 164<sup>th</sup> Ct.  
Homestead, Florida 33031  
(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.*  
  
Russell V. Black  
(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.

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TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Russell Black

Address: 27430 SW 164<sup>th</sup> Ct.  
Homestead, FL 33031

Director  
Vice Chairman: Tony Cavener

Address: 779 Glenspring Drive  
Lawrenceville, GA 30043

Director: Victor Logan

Address: 1136 Jefferson Highway  
Winder, GA 30680

Director: Tom Roan

Address: 1166 Button Hill  
Kennesaw, GA 30152

B. OFFICERS

President: Russell Black

Address: 27430 SW 164<sup>th</sup> Ct.  
Homestead, FL 33031

Vice President: N/A

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

Secretary/Treasurer: Kerry Black

Address: 27430 SW 164<sup>th</sup> Ct., Homestead, FL 33031

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

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

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

13. Russell V. Black  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Russell V. Black President & Chairman  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

# Secretary of State

Corporations Division

315 West Tower

#2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CONTROL NUMBER : K611842  
DATE INC/AUTH/FILED: 03/18/1996  
JURISDICTION : GEORGIA  
PRINT DATE : 12/03/2002  
FORM NUMBER : 211

LATIN IMPACT MINISTRIES, INC.  
RUSSELL V. BLACK  
27430 SW 164TH COURT  
HOMESTEAD, FL 33031

## CERTIFICATE OF EXISTENCE

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

LATIN IMPACT MINISTRIES, INC.  
A GEORGIA NON-PROFIT CORPORATION

is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated.

Said entity was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date 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 above-named entity as of the print date above. 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 information is electronically transmitted, issued and certified in accordance with the Georgia Electronic Records and Signatures Act and 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.

20021203203925532



*Cathy Cox*

Cathy Cox  
Secretary of State