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| (Requestor's Name) | | | | |
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| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| 12/24 FOR NP CORF | | | | |
| Special Instructions to Filing Officer: 19134 FOR NP WRP CC 4 CU S | | | | |
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| \ ACCESS, / | 236 East 6th Avenue . Tallahassee, Florida 32303 |
|---|---|
| INC. P.O. Bo | ox 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666 |
| | PICK UP 12/24/62 Anda |
| CERTIFIED COPY | Lous 95 |
| _рното сору | VILING FOREIGN |
| The Office of (CORPORATE NAME & DOCUMENT #) | J. FishAman fox Phares Stand H Successors, A Conformation S |
| (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 | Fishaman for Pharos and His Successors, a | Corporation Sole | |
|---|---|--|--|--|
| *•. | (Name of corpo in language as w present. "Compa | ration: must include the word "INCORPORAT vill clearly indicate that it is a corporation insteamy" or "Co." may not be used as a corporate s | ED" or "CORPORATION" or words or abbreviations of like import and of a natural person or partnership if not so contained in the name at uffix by a nonprofit corporation.) | |
| 2. | Nevada | 3. | (FEI number, if applicable) | |
| | | ry under the law of which it is incorporated) | (FEI number, if applicable) | |
| 4. | | 5 | Perpetual (Duration: Year corp. will cease to exist or "perpetual") | |
| | | (Date of Incorporation) | (Duration: Year corp. will cease to exist or "perpetual") | |
| 6. | The day of | | | |
| ٠. | (Date cor | poration first conducted Affairs in Florida - Sec | e sections 617.1501, 617.1502, and 817.155, F.S.) | |
| 7. 1187 Coast Village Road, #535, Montecito, California 93108 | | | | |
| | | (Principal | office address) | |
| | | (Current n | nailing address) | |
| | | (Curon i | minis access, | |
| 8. | | ducational and Eleemosynary (Charitable) | | |
| ٠. | | (Purpose(s) of corporation authorized in home | state or country to be carried out in the state of Florida) | |
| 9. | Name and str | reet address of Florida registered agent: | (P.O. Box or Mail Drop Box NOT acceptable) | |
| | Name: _ | The Office of Presiding Elder for Sole Resouc | es Mission and His Successors, a Corporation Sole 💎 🛴 | |
| 0 | ffice Address: | 1980 N. Atlantic Avenue, Suite 602 | _ 32931 E E | |
| | | Cocoa Beach | , Florida | |
| | • | (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.

(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: Gary Kroger, Fishaman Address: 1187 Coast Village Road, #535, Montecito, California 93108

| Vice Chairman: |
|---|
| Address |
| Address: |
| |
| |
| Director: |
| Address: |
| |
| |
| Dispetan |
| Director: |
| Address: |
| |
| |
| B. OFFICERS |
| |
| President: Gary Kroger, Fishaman |
| 1187 Coast Village Road, #535, Montecito, California 93108 Address: |
| Address: |
| |
| |
| Vice President: |
| Address: |
| |
| |
| Secretary |
| Secretary: |
| Address: |
| |
| Treasurer: |
| Address: |
| |
| |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| 13. / any DEC 16 2002 |
| 13. / Signature of Charman, Vice Chairman, or any officer listed in number 12 of the application) |
| Gary Kroger, Fishaman |
| (Typed or printed name and capacity of person signing application) |
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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, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts 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 FISHAMAN FOR PHAROS AND HIS SUCCESSORS, A CORPORATION SOLE, as a corporation sole duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 2, 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 Carson City, Nevada, on December 2, 2002.

DEAN HELLER Secretary of State

By Laurie Freeman

Certification Clerk