# F0300000902

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(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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#### TRANSMITTAL LETTER

**TO:** Registration Section Division of Corporations

\_\_\_\_\_\_

(Name of Corporation - must include suffix)  Q corporation S
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:
Michael E Cotta
(Name of Person)
Life for The NATTIONS
(Firm/Company)
2250 SW 35 m ore
(Address)
De Iray Beach, Fl 33445 (City/State and Zip Code)
For further information concerning this matter, please call:
Michael F. Gette at (561) 637-3355  (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

### 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:

(Name of corporation: must include the word "IN in language as will clearly indicate that it is a corporesent. "Company" or "Co." may not be used as	of Lik for the Nations and His Successor, a corporer Sole ICORPORATED" or "CORPORATION" or words or abbreviations of like import poration instead of a natural person or partnership if not so contained in the name at a corporate suffix by a nonprofit corporation.)
2. Nevapa (State or country under the law of which it is inc	orporated) 3. 01-0765080 (FEI mumber, if applicable)
4. JANUARY 28, 2003 (Date of Incorporation)	5. Perpetual")  (Duration: Year corp. will cease to exist or "perpetual")
	n Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)
7. 2250 SW 35th one,	Delvar Beach, I-1 33445  (Principal office address)
2250 5W 35th are	Delvez Beach, F1 33445  (Principal office address)  Delvez Beach, F1 33445  (Current making address)
8. Teaching The works of G	rized in home state or country to be carried out in the state of Florida.
	rized in home state or country to be carried out in the state of Florida.  ered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name: MICHAELE Gotta	305 m
Name: MICHAELE Gotta	Description of the second of t
Office Address: 220 SU 35th	ove.
Office Address: 220 SU 35th	Description of the second of t
Office Address: 2273 Sul 35th a  De Way Beach (City)  10. Registered agent's acceptance: Having been named as registered agent and designated in this application. I hereby acc	ove.
Office Address: 2273 Sul 35th a  De Way Beach (City)  10. Registered agent's acceptance: Having been named as registered agent and designated in this application. I hereby acc	Florida 33445 (Zip Code)  d to accept service of process for the above stated corporation at the place ept the appointment as registered agent and agree to act in this capacity.

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

Address: 2250 ≤ W				<u></u>	7
Delvy Ba	each, Fla	33445		ر بران میرس در ران میرسود	TO CO
Vice Chairman:					<del>2</del> 89
Address:	<del></del>		· · · · · · · · · · · · · · · · · · ·		Post
Director:		-			07
Address:					7
. Madabb.					
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Director:			· · · · · · · · · · · · · · · · · · ·		
Address:				······································	<u> </u>
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B. OFFICERS					
President:		·		- <u>-</u> <u>,,,</u>	<u> </u>
Address:					
	•				
Vice President:					
Address:	,,,-				
	<u> </u>			·····	
Secretary:				, • · · · · · · · · · · · · · · · · · ·	
Address:					<del>-</del>
reasurer:					
Address:					
NOTE: If necessary, you may at	tach an addendum to t	he application list	ing additional offic	ers and/or direct	ors.
3. 2.		<del>्रम्</del> कु (१८४६)	ة عني <u>ا</u> لله . الم		T
(Signature of Chair	man, Vice Chairman,	or any officer liste	ed in number 12 of	the 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, 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 THE PRESIDING APOSTLE OF LIFE FOR THE NATIONS 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 January 28, 2003, 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 January 29, 2003.

DEAN HELLER

Secretary of State

Certification Clerk