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(Re	questor's Name)
(Ad	dress)	
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(Cit	y/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to I	Filing Officer:	
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Office Use Only



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TRANSMITTAL LETTER

TO: Qualification/Registration Section Division of Corporations	
SUBJECT: Kwatamani Family Comm	nunity, Inc.
•	
Dear Sir or Madam:	
	r Profit Corporation for Authorization to Conduct ce", and check are submitted to register the above acts its affairs in Florida.
Please return all correspondence concerning	this matter to the following:
Beatrice L. Belcher	6 9
(Nam	e of Person)
Kwatamani Family Community, (Firm	Inc.
P.O. Box 2514	
(4	Address)
Arcadia, FL 34265	
(City, Sta	te and Zip Code)
For further information concerning this matte	er, please call:
Beatrice L. Belcher	at (<u>863</u>) 993-0527
(Name of Person)	Area Code & Daytime Telephone Number
STREET ADDRESS: Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Qualification/Tax Lien Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amoun	:
□ \$70.00 Filing Fee □ \$78.75 Filing Fee Certificate of State	

&

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 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		
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	•
4.	. 06/09/2000 5. perpetual	
- •	(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6.	February 1, 2003 Date corporation first conducted Affairs in Florida -	99
-•	See sections 617.1501, 617.1502, and 817.155, F.S.)	C. g Name Name
7.	9173 S.E. Swinney Rd. Arcadia, FL 34265	η
	P.O. Box 2514 Arcadia, FL 34265	7
	(Current mailing address)	
	operation of ancommunalianostolic community within the meaning (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Section 501(d) of the Internal Revenue Code Name and street address of Florida registered agent:	ng of
	Beatrice L. Belcher (Name)	
	9173 S.E. Swinney Rd. (Office address)	
	Arcadia , Florida, 34266 (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.

Seature Selection (Registered agent's signature)

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

A. DIRECTORS

Chairman: Joseph Robinson
Address: 9173 S.E. Swinney Rd. Arcadia, FL 34265
Vice Chairman: Munah Roberts Robinson
Address: 9173 S.E. Swinney Rd. Arcadia, FL 34265
Director: Rene D. Murray
Address: 9173 S.E. Swinney Rd. Arcadia, FL 34265
Director:B Beatrice L. Belcher
Address: 9173 S.E. Swinney Rd. Arcadia, FL 34265
Director: Gail S. Wells 9173 S.E. Swinney Rd. Arcadia, FL 34265
B. OFFICERS
President: Ioseph Robinson
Address: 9173 S.E. Swinney Rd. Arcadia, FL 34265
Vice President: Munah Roberts Robinson
Address: 9173 S.E. Swinney Bd. Arcadia, FL 34265
Secretary: Rene D. Murray
Address: 9173 S.E. Swinney Rd. Arcadia, FL 34265
Treasurer: Beatrice L. Belcher
Address: 9173 S.E. Swinney Rd. Arcadia, FL 34265
Asst. Secretary: Gail S. Wells 9173 S.E. Swinney Rd. Arcadia, FL 34265 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13 Nestrict Mola
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. <u>Beatrice L. Belwher</u> (Typed or printed name and capacity of person signing application)

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

DOCKET NUMBER : 030370841
CONTROL NUMBER : 0026828
DATE INC/AUTH/FILED: 06/09/2000
JURISDICTION : GEORGIA
PRINT DATE : 02/06/2003

FORM NUMBER : 211

KWATAMANI FAMILY COMMUNITY, INC. BEATRICE L. BELCHER POB 2514 ARACADIA, FL 34265

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

KWATAMANI FAMILY COMMUNITY, INC. A DOMESTIC NONPROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated 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 abovenamed entity as of the date issued. 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 certificate is issued pursuant to 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.



Cathy Cox Secretary of State