

F03 000001519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

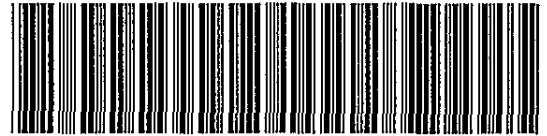
(Business Entity Name)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

MAR 27 7 11 56 AM '03

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F03-1519
OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kwatamani Holistic Institute of Brain Body & Spiritual Research
(Name of Corporation - must include suffix)

& Dev., Inc.
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:

Beatrice L. Belcher
(Name of Person)

Kwatamani Holistic Institute
(Firm/Company)

P.O. Box 2514
(Address)

Arcadia, FL 34265
(City/State and Zip Code)

RECEIVED
TALLAHASSEE, FLORIDA

03 MAR 7 11 05 AM

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For further information concerning this matter, please call:

Beatrice L. Belcher at (863) 993-0527
(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

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. Kwatamani Holistic Institute of Brain Body & Spiritual Research & Dev., Inc. (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 (State or country under the law of which it is incorporated) 3. 58-2495114 (FBI number, if applicable)

4. 08/24/1999 (Date of Incorporation) 5. perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. February 1, 2003 (Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)

7. 9173 S.E. Swinney Rd. Arcadia, FL 34265 (Principal office address) P.O. Box 2514 Arcadia, FL 34265 (Current mailing address)

8. religious, educational, scientific and literary purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code (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: Beatrice L. Belcher

Office Address: 9173 S.E. Swinney Rd.

Arcadia, Florida 34265 (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.

Beatrice L. Belcher (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.

03 07 99 9:05 FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

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: 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: Joseph Robinson

Address: 9173 S.E. Swinney Rd. Arcadia, FL 34265

Vice President: Munah Roberts Robinson

Address: 9173 S.E. Swinney Rd. 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.  (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Beatrice L. Belcher (Typed or printed name and capacity of person signing application)

RECEIVED
STATE OF FLORIDA
DEPARTMENT OF REVENUE

JUN 17 1971
9:16 AM

FILED

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

DOCKET NUMBER : 030370887
CONTROL NUMBER : K935259
DATE INC/AUTH/FILED: 08/24/1999
JURISDICTION : GEORGIA
PRINT DATE : 02/06/2003
FORM NUMBER : 211

KWATAMANI HOLISTIC INSTITUTE
BEATRICE BELCHER
POB 2514
ARCADIA, 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 HOLISTIC INSTITUTE OF BRAIN BODY & SPIRITUAL RESEARCH &
DEV., 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 above-named 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