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SECRETARY OF STATE

COVER LETTER

	Filing Section sion of Corporations	•			
SUBJECT:	Aguila Nam	Association e of Corporation - mus	of Minis	stries Inc	
Dear Sir or M			,		
Affairs in Flo	Page 1 "Application by Foreign orida", "Certificate of Exi corporation to conduct it	stence", and check are			
Please return	all correspondence conce	erning this matter to the	e following:		
	Jimmi	Name of Person	ν V		
	Aquila	(Name of Person) ASSOCIATION (Firm/Company)	in of Min	stries In	C'
	1019 STI	(Address) Florida (City/State and Zip C	oqe) 33128	TALLAHASSEE, FI	
For further in	nformation concerning thi	is matter, please call:		1: 29 TATE ORID	
Jimm	(Name of Person)	1 (Area C	フリケータリん ode & Daytime Teleph	one Number)	
New Divis P.O.	ILING ADDRESS: Filing Section sion of Corporations Box 6327 shassee, FL 32314		STREET/COUR New Filing Section Division of Corpor Clifton Building 2661 Executive Corporation Tallahassee, FL 32	n rations enter Circle	
Enclosed is a	check for the following	amount:	×		
\$70.00 Fil			75 Filing Fee & F tified Copy	\$87.50 Filing Fee, Certificate of State Certified Copy	18 &

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. ASSOCIATION OF MINISTRI'S INC. (Name of proporation: 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. CEORGIA 3. (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 11-14-2001 5. (Date of Incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual") 6.
6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.) 7. 1019 STILLIA PR DR. Uwpiter FL. 33458 (Principal office address)
1019 Stillwater DR. Jupiter Fl. 33458 (Current mylling address)
8. Church Ruated (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 NOT acceptable) Name: Urmmie Lee Eavin
Office Address: 1019 STILLWater Da. Unpiter , Florida 33458 (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: (Immis / ERVIN	
Address: 20 Candin Jane	
Covinston GA. 30016	
Vice Chairman: Richard Cook	
Address: 1/2 Pen nock Trace De.	
Jupiter Fl. 3345P	
Director: Sandra ERVIN	
Address: 1019 STIll water We.	TEST BE THE
Juniter FL 33458	18 8 <u>1</u>
Director:	SE 20 1
Address:	700
	1: 2 1: 27 1: 27 1: 27
B. OFFICERS	
President: Vimmie LERVIN	
Address: 1019 STillwater DR.	
Jupiter Fl. 33458	
Vice President: Richard Cook	
Address: 112 Pennock TRace DRI	
Jupiter Fl. 33458	
Secretary: Sandra ERVIN	
Address: 1019 STILLWater Dr. Inpiter FL.	33950
Treasurer: KIChard Cook	33458
Address: 112 Pennock Trace UR Supetin Fl.	33458
NOTE: If necessary you may obtack an odderform to the conficultion listing a distinguish of	4/ 4:
NOTE: If necessary, you may attach an addendum to the application listing additional officers	and/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the ap	plication)
14. (Typed or printed name and capacity of person signing application)	
1 / 1	

Control No. 0150591

STATE OF GEORGIA

Secretary of State

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

CERTIFICATE OF EXISTENCE

I, Cathy Cox, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

AQUILA ASSOCIATION OF MINISTRIES, INC.

Domestic Non-Profit Corporation

was formed or was authorized to transact business on 11/14/2001 in Georgia. 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.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 10th day of October, 2006

Cathy Cox Secretary of State

Certification Number: 332740-1 Reference: Verify this certificate online at http://corp.sos.state.ga.us/corp/soskb/verify.asp