# F0800000768

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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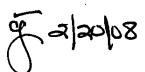


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SECRETASY OF STATE



#### **COVER LETTER**

	Filing Section on of Corporations		
SUBJECT:_	LUTHERAN IMMIGRATION & RE (Name of Corpora	FUGEE SERVICE INC tion – must include suffix)	<del>-</del>
Dear Sir or Ma	dam:		
Affairs in Flor	Application by Foreign Not for Prof da", "Certificate of Existence", and orporation to conduct its affairs in F	check are submitted to regist	tion to Conduct its ter the above referenced .
Please return a	ll correspondence concerning this m	atter to the following:	
C	HARISE BROWN	ć D.	
	(Name	of Person)	
	LUTHERAN IMMIGRATION		21VISE
	(Firm/	Company)	<b></b>
	ATTN: PAYROLL DEPARTMEN	T	EB 15
	700 LIGHT STREET		Z PM
	(Ad	ldress)	ა ივა ა ივა
	BATTIMODE MD 91990		STATE STATION 3: 14
	BALTIMORE MD 21230 (City/State a	and Zip Code)	X
	, ,	•	
For further info	ormation concerning this matter, plea	ase call:	
CHARTS	SE BROWN	( 410   )   230–2826	
CHARL	(Name of Person) at (	(Area Code & Daytime Te	
	((	(. non contra Bayınını 10	repriorie i varioer)
New F Divisio P.O. B	ING ADDRESS: illing Section on of Corporations ox 6327 assee, FL 32314	New Filing Se Division of Co Clifton Buildi	orporations ng re Center Circle
Enclosed is a c	neck for the following amount:		
\$70.00 Filin	g Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy





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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

January 23, 2008

LUTHERAN IMMIGRATION & REFUGEE SERVICE ATTN: PAYROLL DEPARTMENT 700 LIGHT STREET BALTIMORE, MD 21230

SUBJECT: LUTHERAN IMMIGRATION & REFUGEE SERVICE COPORATION

Ref. Number: W08000003502

We have received your document for LUTHERAN IMMIGRATION & REFUGEE SERVICE COPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

The entity's date of incorporation/organization must be listed in the document.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to the Florida Statutes. The registered agent must sign accepting the designation as the required by Florida Statutes.

The registered agent must sign accepting the designation.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden Regulatory Specialist II B FEB 15 AH 8: 00

Letter Number: 108A00004726

**New Filing Section** 

No. 3481 P. 2/2

# 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:

THE DIALE OF FEORIDA.	
1. LUTHERAN IMMIGRATION & REFUGEE SERVICE (Name of corporation: must include the word "INCORPORAT import in language as will olearly indicate that it is a corporation the name at present. "Company" or "Co." may not be used as	on instead of a natural person or partnership if not so contained
2 Minnesola 3	13-2574854
2. Minnesota (State or country under the law of which it is incorporated)	(FEI number, if applicable)
7/21/1911	DATE TO CHEEK LO
(Date of Incorporation)	. PERPETUAL (Duration: Year corp. will cease to exist or "perpetual")
(Date of Mesthology)	(Delianoli, 10th ook p. Will could to child of porpound)
6. NOVEMBER 1, 2007 (Date first conducted affairs in Florida if prior to registration. See	sections 617 1501 & 617.1502, F.S., to determine penalty Hability.)
7. 1800 SW 1st STREET STE 206 MIAMI	FL 33135 flice address)
(Finisipal o	Klice admess)
700 LIGHT STREET BALTIMORE MD 21	220
	nailing address)
8. ASSISTANCE WITH UNSETTLE REFUGEE	<u> </u>
(Purpose(s) of corporation authorized in home state or country	to be carried out in the state of Florids)
•	<b>86</b> 1885
9. Name and street address of Florida registered agent: (P.O.	Box NOT acceptable)
Namo: Yasmine Malebranch	<u> </u>
-	- 1
Office Address: 1800 SW 15+ St. Suite	204 PH 3: PORRATIONS  , Florida 33/35 (Zip Code)
04.	ين الامتارة بالامتارة بالامتارة بالامتارة
Miami	, Florida <u>33/35</u> = = = = = = = = = = = = = = = = = = =
(City)	(Zip Code)
	3,
10. Registered agent's acceptance:	
Having been named as registered agent and to accept service	ce of process for the above stated corporation at the place sent as registered agent and agree to act in this capacity. I
usignated in this application, I hereby accept the appointm further goree to comply with the provisions of all statutes re	rent as registered agent and agree to act in this capacity. I
ınd I am familiar with and accept the obligations of my pos	elative to the proper and complete performance of my duties, sition as registered agent.
A	•
	1
/// _Q-	01/
The Ch	02-11-08
(Registered ap	ent's signature)
( confinence of	<del>-</del>

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:

#### TILED SECRETARY OF STATE DIVISION OF CORPORATIONS

### A. DIRECTORS

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hairman:	08 FED 13 111 3 14
dress:	
ice Chairman:	
ddress:	
Director:	
Address:	
Director:	
Address:	
3. OFFICERS	
resident: RALSTON DEFFENBAUGH	
Address: 5155 DARTING BIRD LANE COLUMBIA MD	21044
rice President: JANE ANTHON	
ddress: 5 KILLADOON COURT TIMONIUM MD 210	093
ecretary:	
ddress:	
reasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the appli	ication listing additional officers and/or directors
(Signature of Chairman, Vice Chairman, or any offi	•
4. Jane Anthon Vice Presing	ent for Finance { ADMINISTRATION   TRE

# state of Minnesota

## **SECRETARY OF STATE**

Certificate of Good Standing

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

Name: LUTHERAN IMMIGRATION AND REFUGEE SERVICE

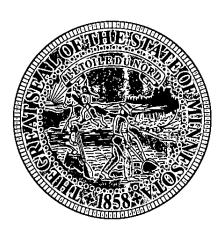
Date Formed: 07/21/1966

Chapter Governed By: 317A

This certificate has been issued on 02/05/08.

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SECRETION OF CORPORATIONS



Mark Ritchie Secretary of State.