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SECRETARY OF STATE

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### **COVER LETTER**

	, ,						
TO: New Filing S	Section		75°C 442 0				
Division of (							
SUBJECT:	Daniel Chapter One (a (Name of Corporati	a Washington Corporati on – must include suffix)	on Sole)				
Dear Sir or Madam:			RIGA				
			ion to Conduct its Affairs in Florida", ced not for profit corporation to conduct				
Please return all corre	spondence concerning this mat	ter to the following:					
		es Feijo Name of Person)					
	(	Name of Person)					
	Danie	el Chapter One					
		(Firm/Company)					
			<del></del>				
	DO B	400					
	PO Box	(Address)	<del></del>				
		(************					
	McAlpin, FL 32062						
	(City	State and Zip Code)					
For further information	n concerning this matter, pleas	e call:					
Jay Harri (Name	son at (	386 ) 776-2009 Area Code & Daytime Tele	phone Number)				
MAILING AI New Filing Se Division of Co P.O. Box 6327 Tallahassee, F	ction orporations	STREET/CO New Filing Sec Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations g c Center Circle				
Enclosed is a check for	r the following amount:						
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 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	Daniel Chapter O	ne COrp				
import in langua	ration: must include the word ' age as will clearly indicate that	"INCORPORATEL it is a corporation i	instead of a m	atural person or par	tnership if not so con	like tained
in the name at p	resent. "Company" or "Co." m	ay not be used as a	corporate suf	fix by a nonprofit c	corporation.)	
2. Was	hington State  try under the law of which it i	3	45-048	9714	alicable)	
	-	_				
4. <u>Oct.</u>	(Date of Incorporation)	5	perpet (Duration: Y	ual ear corp. will cease	to exist or "perpetual	(")
6.						
(Date first cond	ucted affairs in Florida if prior to	registration. See see	ctions 617.150	01 & 617.1502, F.S,	to determine penalty i	ability.)
7. Daniel (	Chapter One; 1028 East	: Main Rd: Ports	mouth. RI	02871		
		(Principal off	ice address)			<del></del>
Daniel	Chapter One; PO Box 2	23; Portsmouth	, Ri 02871			
		(Current mail	ing address)		دــو ي	
					SECRETARY TRACK	-11
8. Religio	us and Humanitarian mi corporation authorized in home	nistry	he corried ou	t in the state of Flo	300 至 美	
(Turpose(s) of V	orporation authorized in none	state of country to	ic carred of	it in the state of 140	100 PS 25	m
9. Name and stre	eet address of Florida registe	ered agent: (P.O. I	Box <u>NOT</u> ac	cceptable)	ENO T	」 <b>'</b> ひ
	la de la misson				75	۔ بر
Name:	Jay Harrison	·	-			0
Office Address:	14171 176th St		_		95	
	McAlpin (City)		Florida	32062 (Zip Code)		
	•			()		
10. Registered Having been na	agent's acceptance; med as registered agent and	d to accept service	e of process	for the above stat	ted corporation at t	he place
designated in thi	is application, I hereby according to the comply with the provisions	ept the appointme	ent as registe	ered agent and ag	eree to act in this co	apacity. I
duties, and I am	familiar with and accept th	ne obligations of	my position	as registered age	ni.	my.
		(Registered Age				
		(Registered Age	nt's signature	1		

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:	FILE
A. DIRECTORS	MAY 22 D SSEE OF S O3
Chairman:	70 N
Address:	72 D SEE OF 3: 03
Vice Chairman:	<del></del>
Address:	
Director:	
Address:	
Director:	
Address:	
B. OFFICERS	
Address: Daniel Chapter One; PO Box 223; Portsmouth, RI 02871	
Vice President:	
Address:	<del>, , , , , , , , , , , , , , , , , , , </del>
Secretary:	
Address:	
Treasurer:	······
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional office	ers and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the	application)
14. James Jesse Feijo, Overseer  (Typed or printed name and capacity of person signing application)	on)

# UNITED STATES OF AMERICA The State of Washington

Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE/AUTHORIZATION **OF**

#### DANIEL CHAPTER ONE

I FURTHER CERTIFY that the records on file in this office show that the above named nonprofit Corporation Sole was formed under the laws of the State of Washington and was issued a Certificate Of Incorporation in Washington on 10/30/2002.

I FURTHER CERTIFY that as of the date of this certificate, DANIEL CHAPTER ONE remains active and has complied with the filing requirements of this office

Date: February 21, 2008

UBI: 602-245-097

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State



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