

Mar. 11, 2009  
DIVISION OF

F09000001003

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : SANTOS RIVERA  
Account Number : I20000000169  
Phone : (407) 380-5353  
Fax Number : (407) 380-7353

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

"LIVES TRANSFORMED" INC.

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**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** "LIVE'S TRANSFORMED" INC.

(Name of Corporation - must include suffix)

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:

FELIX MARQUEZ

(Name of Person)

LIVES TRANSFORMED INC.

(Firm/Company)

1964 ANNAPOLIS AVENUE

(Address)

ORLANDO, FL 32825

(City/State and Zip Code)

For further information concerning this matter, please call:

SANTOS RIVERA, CPA

(Name of Person)

at ( 407 ) 380 - 5353

(Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

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**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. "LIVE'S TRANSFORMED" 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. NEW JERSEY

(State or country under the law of which it is incorporated)

3. 22-3533383

(FEI number, if applicable)

## 4. FEBRUARY 18, 1997

(Date of Incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

## 6. JULY 4, 2008

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)

## 7. 1964 ANNAPOLIS AVENUE

(Principal office address)

ORLANDO, FL 32825

(Current mailing address)

## 8. COMMUNITY CHRISTIAN SERVICES &amp; COUNSELING FOR HOMELESS &amp; DRUG ADDICTS &amp; ALCOHOLISM

(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: FELIX MARQUEZ

Office Address: 1964 ANNAPOLIS AVE.

ORLANDO

(City)

Florida 32825

(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.

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

**A. DIRECTORS**

Chairman: FELIX MARQUEZ

Address: 1964 ANNAPOLIS AVE.  
ORLANDO, FL 32825

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: JESUS RAMOS

Address: 1964 ANNAPOLIS AVE.  
ORLANDO, FL 32825

Director: WANDA MARQUEZ

Address: 1964 ANNAPOLIS AVENUE  
ORLANDO, FL 32825

**B. OFFICERS**

President: FELIX MARQUEZ

Address: 1964 ANNAPOLIS AVENUE  
ORLANDO, FL 32825

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: JESUS RAMOS

Address: 1964 ANNAPOLIS AVENUE, ORLANDO, FL 32825

Treasurer: WANDA MARQUEZ

Address: 1964 ANNAPOLIS AVENUE, ORLANDO, FL 32825

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Felix Marquez  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. FELIX MARQUEZ, PRESIDENT  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

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**STATE OF NEW JERSEY  
DEPARTMENT OF TREASURY  
SHORT FORM STANDING**

**"LIVE'S TRANSFORMED" INC.**

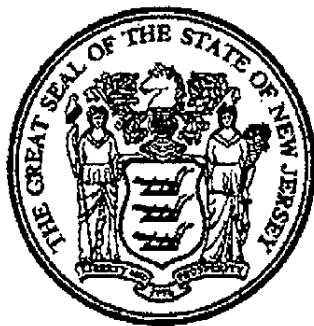
0100695965

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Non Profit Corporation was registered by this office on February 18, 1997.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and registered office are:*

*Felix Marquez  
29 May Street  
Paterson, NJ 07524 0000*



Certification# 113876073

*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed my  
Official Seal at Trenton, this  
11th day of March, 2009*

*R. David Rousseau  
State Treasurer*

Verify this certificate at  
[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)

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