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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

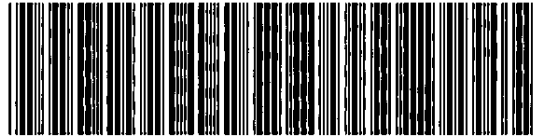
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUN 10 2009
D.A. WHITE

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: BRAYS TEMPLE OUTREACH 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:

Anthony BELLAMY
(Name of Person)
BRAYS TEMPLE OUTREACH INC.
(Firm/Company)
PO Box 734
VALDOSTA GA 31603
(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony BELLAMY at (229) 300-4201
(Name of Person) (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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DEPARTMENT OF STATE

FLORIDA DEPARTMENT OF STATE 09 JUN -9 PM 12: 53
Division of Corporations

May 20, 2009

ANTHONY BELLAMY
BRAYS TEMPLE OUTREACH INC.
PO BOX 734
VALDOSTA, GA 31603

SUBJECT: BRAYS TEMPLE OUTREACH, INC.
Ref. Number: W09000023940

We have received your document for BRAYS TEMPLE OUTREACH, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

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.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Regulatory Specialist II

Letter Number: 609A00017209

**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. BRAMS Temple OUTREACH, 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 3. 20-0940245
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MARCH 9TH, 2004 5. PERPETUAL
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NA
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. Anthony Bellamy P.O. Box 734 Valdosta, Georgia 31603 6513 14th St. W Bradenton, Florida 34205
(Principal office address) (Current mailing address)

Anthony Bellamy Valdosta, Georgia P.O. Box 734 31603
(Current mailing address)

THE ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE
EDUCATIONAL PURPOSES

8. _____
(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: JOHNNY BELLAMY

Office Address: 1040 LONG FELLOW CIRCLE

SARASOTA, Florida 34243
(City) (Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Johnny Bellamy
(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:

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A. DIRECTORS

Chairman: ANTHONY BELLAMY

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Address: 410 LEON STREET
VAUDOSTA GA 31601

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: JOHNNY BELLAMY

Address: 1040 LONGFELLOW CIRCLE
SARASOTA FLORIDA 34243

Vice President: PORTIA BELLAMY

Address: 1040 LONGFELLOW CIRCLE
SARASOTA FLORIDA 34243

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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

14. ANTHONY BELLAMY
(Typed or printed name and capacity of person signing application)

Control No. 0416630

STATE OF GEORGIA

Secretary of State

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

BRAY'S TEMPLE OUTREACH, INC.

Domestic Non-Profit Corporation

was formed or was authorized to transact business on 03/09/2004 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 13th day of March, 2009

Karen C Handel
Secretary of State