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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only States Elph Hollo II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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SEGRETARY OF STATE
ALLIAMASSEE, FLORID

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COVER LETTER

то:	New Filing Se Division of Co				
SUBJ	ECT:	Milly IC	CY Christian	Ministry, Ind	D.
		Name of Corp	oration – must in	clude suffix	
Dear S	Sir or Madam:				
"Certif	ficate of Existence	ion by Foreign Not for e", or "Cerificate of Go on to conduct its affairs	od Standing" and	1 for Authorizat check are subm	ion to Conduct its Affairs in Florida itted to register the above referenced
Please	return all corresp	ondence concerning th	is matter to the fo	llowing:	
			Wanda D. (
			Name of Pe	erson	
		Milly	s ICY Christiar	Minietry Inc	
			Firm/Com		<u>''</u>
			Post Office Bo	<u>×273222</u>	
		16111 Gan	dendale	Drive	ر
			Addres	S	
			Tampa, Florid	a 33624	
			City/State and 2		-
		hattif had	anna@yahaa		
	E-m	ail address: (to be used	anna@yahoo. for future annual		on)
Can Gu	41			·	
ror iur	ther information	concerning this matter,	please call:		
	\Mondo I	7. Casav	040	201	0750
	Name o	D. Casey of Person	at (813) Area Code	& Daytime Tele	ephone Number
	MAILING AD New Filing Sect			STREET/COUNTY STREET	JRIER ADDRESS:
	Division of Cor			Division of Co	
	P.O. Box 6327	22214		Clifton Buildin 2661 Executive	
	Tallahassee, FL	32314		Tallahassee, Fl	
Enclos	ed is a check for	the following amount:			
✓ \$70	0.00 Filing Fee	\$78.75 Filing Fee of Certificate of Status	& ☐ \$78.75 I s Certifie	Filing Fee & d 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.	Milly's ICY Christi	ian ministry,	Inc.	6111	
i	Milly's ICY Christi Name of corporation: must include the word "INCORPORATED mport in language as will clearly indicate that it is a corporation in the name at present. "Company" or "Co." may not be used as a	or "CORPORA" instead of a natural corporate suffix by	lion" of words of abt person or partnership y a nonprofit corporati	if not so contained ion.)	
2.	Maryland 3. (State or country under the law of which it is incorporated)		26-4120965		
4.	January 27, 2009 5. (Date of Incorporation)		Perpetual		
	(Date of Incorporation)	(Duration: Year co	orp, will cease to exist	or "perpetual")	
6.	N/A				
	N/A (Date first conducted affairs in Florida if prior to registration. See se	ctions 617.1501 &	617.1502, F.S. to deteri	nine penalty liability.)	
7.	C/O 16111 Gardendale Drive	e, Tampa, Flor	ida 33624		
•	(Principal off	ice address)			
	Post Office Box 273222, 7	Famna Florida	33624		
	(Current ma	iling address)	33024		
8.		vide Commun	ity Outreach Sen	vices etc	
((Purpose(s) of corporation authorized in home state or country to	be carried out in t	ne state of Florida)		
Q ·	Name and street address of Florida registered agent: (P.O.	Roy NOT accent	ahla)	世明 古 山間	
٠.	realite and street address of Florida registered agent. (1,0.	вох <u>но г</u> ассері	aule)	ES A	•
	Name: Wanda D. Casey			E. C.	rit.
	Name. Wanda D. Odsey	_		SS - 1	177
Οť	fice Address: 16111 Gardendale Drive			黑豆 呈 [ة : إذا من
		_		الله ين إن ا	Carried S
	_Tampa	, Florida	33624	3: 03	
	(City)		(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	Nomas	and addresses	~ f ~ ff ~ ~ ~ ~		4:
14.	Names	and addresses	or officers	and/or	arrectors

	- Time -		ver !	inan D	
101	EB	-1		4 3	

A. DIRECTORS Chairman: DANIEL M. WILKERSON Address: C/O 3720 Old Silverhill Road, Suitland, MD 20746 Vice Chairman: VOLUNTEER DIRECTOR-LEONARD MARTIN Address: C/O 3720 Old Silverhill Road, Suitland, MD 20746 Director: VOLUNTEER DIRECTOR-PATRICIA A. TOWNS Address: c/o Post Office Box 273222, Tampa, Florida 33688 Director: VOLUNTEER DIRECTOR-CHRIS BURCH Address: C/O 3720 Old Silverhill Road, Suitland, MD 20746 **B. OFFICERS** President: DANIEL M. WILKERSON Address: 3720 Old Silverhill Road, Suitland, MD 20746 Vice President: Address: Secretary: Address: Treasurer: Address: NOTE: If necessary, you may attachyan addendism to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

STATE OF MARYLAND Department of Assessments and Taxation

I, PAUL B. ANDERSON OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATIONS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE, AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT MILLY'S ICY CHRISTIAN MINISTRY, INC. IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF MARYLAND AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS NOVEMBER 23, 2009.

Paul B. Anderson Charter Division



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301 West Preston Street, Baltimore, Maryland 21201 Telephone Balto. Metro (410) 767-1344 / Outside Balto. Metro (888) 246-5941 MRS (Maryland Relay Service) (800) 735-2258 TT/Voice Fax (410) 333-7097

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