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(Requestor's Name)		
(Ad	ldress)	
, (A d	dress)	,
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

TILED 2010 HAR -1 PM 8: 35

COVER LETTER

10:	Division of Co			
SUBJ	ECT:		Nations Ministries, I	nc.
		Name of Corporati	ion – must include suffix	
Dear S	ir or Madam:			
"Certif	icate of Existenc		tanding" and check are subm	ion to Conduct its Affairs in Florida" itted to register the above referenced
Pleasc	return all corresp	oondence concerning this ma	atter to the following:	
			Stephen H. King	
			Name of Person	
		Gan	nmon & Grange, P.C.	
			Firm/Company	
				<u> </u>
		8280 Gr	eensboro Drive, 7th Floo	or
			Address	
			cLean, VA 22102	
		C	ity/State and Zip Code	
		LFAN@	LFAN.com	
	E-m		future annual report notificat	ion)
For fur	ther information	concerning this matter, plea	ase call:	
				•
		Kincaid at of Person	(353) 371 Area Code & Daytime Te	-5588
	name	or rerson	Area Code & Daytime Te	epitone Municei
	MAILING AI			URIER ADDRESS:
	New Filing Sec Division of Co		New Filing Se Division of Co	
	P.O. Box 6327	=	Clifton Buildi	
	Tallahassee, Fl			e Center Circle
Enclos	ed is a check for	the following amount:		
₹ 70	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy

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	Light for All Nation	ns Ministries	s, Inc.			
(Name of corpo import in langua in the name at p	ration: must include the word "INCORPORATE age as will clearly indicate that it is a corporation resent. "Company" or "Co." may not be used as	D" or "CORPORA instead of a natura a corporate suffix l	aTION" or words or abb al person or partnership by a nonprofit corporation	reviations if not so o on.)	of like containe	ed
2.	West Virginia 3. ntry under the law of which it is incorporated)		55-076-5572			
	- ·		- ·			
4(I	December 28, 1998 5. Date of Incorporation)	(Duration: Year	Perpetual corp. will cease to exist of	or "perpe	ual")	
6. (Date first cond	N/A ucted affairs in Florida if prior to registration. See .	A sections 617.1501 &	c 617.1502, F.S, to detern	iine penal	ty liabil	ity.)
7	141 Bonny Shores Drive	, Lakeland, FL				
	(Principal o	ffice address)				
	141 Bonny Shores Drive		33801			
	(Current n	nailing address)				
8. Propaga	ate by all means and avenues throug	hout the world	the Gospel of the	Lord Je	esus C	Christ.
(Purpose(s) of	corporation authorized in home state or country	to be carried out in	the state of Florida)	IA1	20	
9. Name and str	eet address of Florida registered agent: (P.O	. Box <u>NOT</u> accep	otable)	ECRETARY LLAHASSEI	2010 HAR -	77
Name:	Jack Kincaid			ARY O	****	landrid I
Office Address:	4509 NW 23rd Street, Suite 10			OF STATE	PM 8: 35	D
	Gainesville (City)	_, Florida	32606 (Zip Code)	RIDA	ဒ္ဌန	
10 Registered	l agent's acceptance:		(zip code)			

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.

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:

A. DIRECTORS

Chairman: See Attached.
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: See Attached.
Address:
Vice President:
Address:
Secretary:
Address:
Treasurer:
Address:
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. When When Vice Chairman or any officer listed in number 12 of the annication)
13. Syran Wisson Chairman, or any officer listed in number 12 of the application) 14. Byran Winson Chairman (Typed or printed name and capacity of person signing application)
(Typed or printed name and capacity of person signing application)

Light for All Nations Ministries, Inc. Attachment to Florida Application for Certificate of Authority

Directors:

NAME	ADDRESS	
Nizar Shaheen	5959 Chercover Court	
	Burlington, Ontario	
	Canada L7L 6T2	
Byron Winsor	131 Green Pointe Dr.	
	Welland, Ontario	
	Canada L3C 6Y6	
Jack Kincaid	14405 NW41 Ave.	
	New Berry, FL 32606	
Ken Pelissero	2720 Kinsington Circle, #24-3	
	Weston, FL 33332	

Officers:

NAME	TITLE	ADDRESS
Nizar Shaheen	President	5959 Chercover Court
		Burlington, Ontario
		Canada L7L 6T2
Byron Winsor	Chairman	131 Green Pointe Dr.
		Welland, Ontario
		Canada L3C 6Y6



I, Natalie E. Tennant, Secretary of State of the State of West Virginia, hereby certify that

LIGHT FOR ALL NATIONS MINISTRIES, INC.

was incorporated under the laws of West Virginia and a Certificate of Incorporation was issued by the West Virginia Secretary of State's Office on December 28, 1998.

I further certify that the corporation has not been revoked by the State of West Virginia nor has the West Virginia Secretary of State issued a Certificate of Dissolution to the corporation.

Accordingly, I hereby issue this

CERTIFICATE OF EXISTENCE



Given under my hand and the Great Seal of the State of West Virginia on this day of February 5, 2010

Natelil Egenment

Secretary of State