# F10000004540

(Red	questor's Name)	
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(City	//State/Zip/Phone	<del>:</del> #)
PICK-UP	MAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	filing Officer:	

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MRD 10/15 10 OCT 12 PH 3: 5

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#### COVER LETTER

TO:	New Filing Se Division of Co		-		
SURI	JECT:	Internationa	l Salvation	Source Mis	ssion
50150	,EC1	Name of Corpor			
Dear S	Sir or Madam:				
"Certi	ficate of Existence		l Standing" and		tion to Conduct its Affairs in Florida nitted to register the above referenced
Please	e return all corresp	ondence concerning this	matter to the fo	ollowing:	
			Rogatien		
			Name of P	erson	
		Internation	nal Salvatio	n Source Miss	sion
			Firm/Con		
			249 Haversh	am wav	
			Addre		
			Davenport F	33897	
			City/State and		· · · · · · · · · · · · · · · · · · ·
		pastor	ze@mail.org		
	E-ma	ail address: (to be used for	or future annual	report notificat	ion)
For fu	rther information	concerning this matter, p	lease call:		
	Rogation Name o	en Nze a f Person	nt ( <u>863</u> ) Area Code	353 & Daytime Tel	ephone Number
	MAILING AD				URIER ADDRESS:
	New Filing Sect Division of Con			New Filing Se Division of Co	
	P.O. Box 6327 Clifton Building				
	Tallahassee, FL	32314		2661 Executiv Tallahassee, F	e Center Circle L 32301
Enclos	sed is a check for t	he following amount:			
\$70	0.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		Filing Fee & ed Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy



## RECEIVED 10 OCT 12 AM 3: 57

## FLORIDA DEPARTMENT OF STATE VISION OF CORPORATIONS Division of Corporations

October 4, 2010

ROGATIEN NZE INTERNATIONAL SALVATION SOURCE MISSION 249 HAVERSHAM WAY DAVENPORT, FL 33897

SUBJECT: INTERNATIONAL SALVATION SOURCE MISSION INC

Ref. Number: W10000046294

We have received your document for INTERNATIONAL SALVATION SOURCE MISSION INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6879.

Ruby Dunlap Regulatory Specialist II

Letter Number: 210A00023485

### 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. (Name of corporation import in language)	oration: must include the word lage as will clearly indicate that present. "Company" or "Co." m	"INCORPORATED tit is a corporation i	" or "CORPOR nstead of a natu	ATION" or words or al ral person or partnershi	obreviations of like p if not so contained
2	Georgia Intry under the law of which it:	3.		342026027	
4	Dec 06 2004  Date of Incorporation)	5		perpetual	
(	Date of Incorporation)		(Duration: Yea	corp. will cease to exist	st or "perpetual")
6		N/A			
(Date first cone	ducted affairs in Florida if prior to	o registration. See sec	tions 617.1501	& 617.1502, F.S. to dete	rmine penalty liability.)
_	240 Uni	arahama D		22007	
7	249 Hav	ersnam way Da	e address)	33897	
		(1 morpai om	ce address)		
	249 Hav	ersham way Da	evenport FI	33897	
		(Current mai	ling address)		
8		Faith-based ord	anization		
(Purpose(s) of	corporation authorized in home	state or country to	be carried out i	n the state of Florida)	
	reet address of Florida registe	- '	Box <u>NOT</u> acce	eptable)	10 OCT 12 PH 3: 55 TALLAHASSEE FLORID TALLAHASSEE FLORID
Name:	Rogatien Nze		_		表 7
Office Address	249 Haversham way				SSEE
	Davenport		Florida	33897	3: 57 3: 57
	(City)		riorida	33897 (Zip Code)	
Having been no designated in th further avree to	d agent's acceptance: amed as registered agent an his application, I hereby acc o comply with the provisions iar with and accept the oblig	ept the appointme of all statutes rel	nt as registere ative to the pr	ed agent and agree to oner and complete pe	act in this capacity. I

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	d addresses	of officers	and/or	directors:
-----	-----------	-------------	-------------	--------	------------



#### A. DIRECTORS

A. DIRECTORS	771
Chairman: Rogatien Nze	10 OCT 12 PM 3: 55
Address: 249 Haversham way Davenport FI 33897	SECRETARY OF STATE FALLAHASSEE FLORIDA
Vice Chairman: Nelly Nze	
Address: 249 Haversham way Davenport FI 33897	
Director: Leonardo Suasti	
Address: 7417 excitement dr FI 34747	
Director:	
Address:	
B. OFFICERS  President: ROGATIEN NZE  Address: 249 Haversham Way, S	Jadenpart, FL 33897
Vice President: Moundounga Michel	
Address: 2616 Vineyard way Gainesville GA 30504	
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application li  (Signature of Chairman, Vice Chairman, or any officer listed	_
14. Rogatien Nze  (Typed or printed name and capacity of person	
(Typed or printed name and canacity of nersor	reigning application)

Control No. 0470198

### STATE OF GEORGIA

#### Secretary of State

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

# CERTIFICATE OF EXISTENCE

10 OCT 12 PH 3: 55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

#### INTERNATIONAL SALVATION SOURCE MISSION, INC.

#### **Domestic Non-Profit Corporation**

was formed or was authorized to transact business on 12/06/2004 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 7th day of October, 2010

B: P.h-

Brian P. Kemp Secretary of State

Certification Number: 6184302-1 Reference: Verify this certificate online at http://cerp.sos.state.ga.us/corp/soskb/verify.asp