F11000000453

(Requestor's Name)
(Address)
(Address)
(National)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
; (Business Entity Name)
,
(Decument Nimber)
(Document Number)
. :
Certified Copies Certificates of Status
•
Special Instructions to Filing Officer:
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2000
MO9-48388
<u> </u>

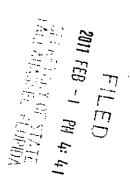
Office Use Only



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02/02/11--01003--017 **622.50

10/29/09--01021--004 **70.00



EBurch (SEP 2 2011

COVER LETTER

TO:	New Filing Son Division of C							
SUBJ	ECT:	Life for Re	elief and Developmer	nt				
ос в			on – must include suffix	<u> </u>				
Dear S	Sir or Madam:							
"Certi	ficate of Existend		tanding" and check are subm	ion to Conduct its Affairs in Florida" itted to register the above referenced				
Please	return all corres	pondence concerning this ma	atter to the following:					
		Dr.Mu	jahid Al-Fayadh (CEO)					
			Name of Person					
		Life for Relief and development						
		-10.						
		17	17300 W 10 Mile Rd					
			Address					
		Southfield,MI 48075						
		Ci	ty/State and Zip Code					
		life@lif	eusa.org					
	E-r	nail address: (to be used for	future annual report notificat	ion)				
For fu	rther information	n concerning this matter, plea	se call:					
	Δlaa Δl	ourahmeh at i	(248) 424	-7493				
		of Person	Area Code & Daytime Tel	lephone 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					
Enclo	sed is a check for	r the following amount:						
□ \$7	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				



October 30, 2009

MOHAMMED ALAMARI 17300 W10 MILE RD SOUTHFIELD, MI 48075

SUBJECT: LIFE FOR RELIEF AND DEVELOPMENT

Ref. Number: W09000048388

We have received your document for LIFE FOR RELIEF AND DEVELOPMENT 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 name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$15,918.75.

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.

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II

Letter Number: 609A00034403



November 23, 2009

MOHAMMED ALAMARI 17300 W10 MILE RD SOUTHFIELD, MI 48075

SUBJECT: LIFE FOR RELIEF AND DEVELOPMENT, INC.

Ref. Number: W09000048388

We have received your document for LIFE FOR RELIEF AND DEVELOPMENT, 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):

You failed to make the correction(s) requested in our previous letter.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,418.75.

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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II

Division of Comparations D.O. DOV 6207 Wellaharma Florida 20214

Letter Number: 809A00036216

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 corpo	pration; must include the w	ife for Relief a	and Deve	elopmen RPORATIO	t inc N° or words or al	brevistions	of like	1	
in the name at p	age as will clearly indicate orsent. "Company" or "Co	o." may not be used a	s a corporate	suffix by a	nonprofit corpora	tion.)		•	
2.	California	3	3.	•	95-4402149				
(State or cou	intry under the law of which	ch it is incorporated)							
4	1992 Date of Incorporation)	5	5		Perpetual will cease to exis				
	Date of Incorporation)		(Duration	т: Үезг сопр.	will cease to exis	st or "perpeti			
6.	lucted affairs in Florida If pr	Decemt	b er,200 9						
(Date first cond	iusted affairs in Florida II pr	rior to registration. Sec	e sections 617	.1301 & 617.	.1502, F.S. 10 dete	rmine penalt	y liabilii,	y.)	
7	1730	0 W 1 <u>0 Mile R</u> d.	Southfiel	d. MI 480	75				
··		(Principa)	office addres	(3)					
	6	0 Day 228 Sa	ushfiald kill	149027					
		P.O.Box 236-Sor	mailing addr	(212)					
		•		-				2011	
•		Fund	raielma				*		
8. (Purpose(s) of	corporation authorized in	home state or country	y to be came	d out in the s	state of Florida)			6	Τ
	•						61년.* 교기:	į,	-
9. Name and str	reet address of Florida re	egistered agent: (P.	O. Box <u>NO</u>	<u>T</u> acceptabl	e)) ;		-
							71		
Name:	NRAI Services, Inc							=	
ore All	: 2731 Executive Pa	nde De Ruito A						t: t	
Office Address:	2731 EXECUTIVE F	ark Or, Solle 4						-	
	Weston		, Florida		33331				
	(4	City)	, Proma	*`	(Zip Code)	-			
Having been na	d agent's acceptance: amed as registered agen his application, I hereby	v accent the abnoin	siment äs re	esistered op	ent and ovece t	o oct in this	s canac	itv. I	
juriner ogree i and I am famil	o comply with the provi iar with and accept the	sions of all statutes obligations of my l	s relative 10 Dosition as 1	me proper registered a	ana complete p Reent.	erjormanc	e oj iny	aunes	Γ,
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WRAI Ser	the Assistant (Registered	1 Sec	redar y					
	l l) (Kegisieres	n utene z pieli	caure)	•				

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.

A. DIRECTORS

Chairman: Dr. Abdulwahab Asamarai (Board Chirman)	
Address: 17300 W 10 Mile Rd	
Southfield, MI 48075	
Vice Chairman: Mohamed Idris	<u> </u>
Address: 17300 W 10 Mile Rd	
Southfield, MI 48075	# 4:
Director: Dr.Mujahid Al-Fayadh President (CEO)	
Address: 17300 W 10 Mile Rd	
Southfield,MI 48075	
Director: Mohammed Alomari (COO)	
Address: 17300 W 10 Mile Rd	
Southfield,MI 48075	
B. OFFICERS	
President: Dr.Mujahid Al-Fayadh	
Address: 17300 W 10 Mile Rd	
Southfield,MI 48075	
Vice President: Mohammed Alomari	
Address: 17300 W 10 Mile Rd	
Southfield,MI 48075	
Secretary: Michel J. Salloum	
Address: 17300 W 10 Mile Rd Southfield, MI 48075	
Treasurer: Amr Mohamed	
Address: 17300 W 10 Mile Rd Southfield, MI 48075	
NOTE: If necessary, you may attach an addendum to the application listing additional offi	cers and/or directors.
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the	ne application)
Dr. Mujahid Al-Fayadh	
(Typed or printed name and capacity of person signing application	n)

State of California Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

LIFE FOR RELIEF AND DEVELOPMENT

FILE NUMBER:

C1716742

FORMATION DATE:

12/17/1992

TYPE:

DOMESTIC NONPROFIT CORPORATION

JURISDICTION: CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of December 15, 2010.

J DEBRA BOWEN

Secretary of State

TMC