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| (Re | equestor's Name) | | |
|-------------------------|--------------------|-----------|--|
| (Address) | | | |
| (Address) | | | |
| (Cit | :y/State/Zip/Phone | · #) | |
| PICK-UP | WAIT | MAIL | |
| (Bu | siness Entity Nam | ne) | |
| (Do | ocument Number) | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to | Filing Officer: | | |
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Office Use Only



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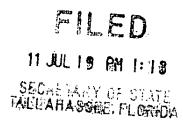
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COVER LETTER *

| | ion of C | corporations | | | | | |
|--|-----------|-------------------------------|---|--|-------------------|--|--|
| SUBJECT:_ | Kir | ng's Alliance C | Corporation | nity Development | t Corp | oration, Inc. | |
| Dear Sir or Ma | ıdam: | | | | | | |
| "Certificate of | Existen | | of Good St | anding" and check are s | | to Conduct its Affairs in F d to register the above refe | |
| Please return a | ll corres | pondence concerni | ng this ma | tter to the following: | | | |
| | | | | Rose M. King Name of Person | | | |
| | | | | Name of Person | | | |
| | | Firm/Company | | | | | |
| | | - | · · · · · · · · · · · · · · · · · · · | P.O. Box 10342 | | | |
| | | | | Address | | | |
| | | | | ahassee, FL 32302 cy/State and Zip Code | | | |
| | E-n | kac nail address: (to be | dc2009@ used for fi | Dyahoo.com uture annual report noti | fication) | | |
| For further info | ormation | concerning this m | atter, pleas | se call: | | | |
| | | e King of Person | at <u>(</u> | 321) Area Code & Daytime | 368-42 Telepho | 45one 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 c | heck for | the following amo | ount: | | | | |
| □ \$70.00 Fili | ng Fee | \$78.75 Filing Certificate of | | Certified Copy | & <u></u> |] \$87.50 Filing Fee, Certificate of Status & Certified Copy | |



New Filing Section

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

To Whom It May Concern:

I, Rose Marie King, President of King's Alliance Community Development Corporation have no intention of revoking the voluntary dissolution of this corporation. And I release the name, of said corporation, to be used again.

Sincerely,

Rose Marie King

President

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 | King's Alliance Communication: must include the word "INCOR | Inity Dev | /elopmen | t Corporation, I | nc. | |
|--|---|--------------------------------|------------------------------------|--|--|-----------------|
| import in langua in the name at p | age as will clearly indicate that it is a corresent. "Company" or "Co." may not be | orporation in e used as a c | stead of a natu orporate suffix | ral person or partnershi by a nonprofit corpora | p if not so contained tion.) | ı |
| 2 | Texas ntry under the law of which it is incorp | 3. | | 27-0470006 | | |
| | | | | | | |
| 4 | July 13, 2009 Date of Incorporation) | 5 | ÷ • | Perpetual | | |
| (L | Jate of Incorporation) | () | Duration: Year | corp. will cease to exis | st or "perpetual") | |
| 6. (Date first cond | ucted affairs in Florida if prior to registra | tion. See sect | ions 617.1501 | & 617.1502, F.S, to dete | rmine penalty liabilit | y.) |
| 7 | 2849 Apalachee Pkw | y, Ste. C, | Tallahasse | ee, FL 32301 | | |
| | (Pr | rincipal offic | e address) | | | |
| | P.O. Box 1034 | | | 2302 | , = · · · · · · · · · · · · · · · · · · | |
| | (6 | Current mail | ing address) | | | |
| | community and charitable activitions authorized in home state or eet address of Florida registered age | - | | · | - Code Section 501 | (e)(3) |
| Name: | Rose M. King | | | | | 1 |
| Office Address: | 2849 Apalachee Pkwy. Ste. | C | | | 98 | Bed. |
| | | | | | Mg: B | 1.13 |
| | Tallahassee (City) | ,] | Florida | 32301 (Zip Code) | | |
| 40 7 1 | ` , | | | (Zip Code) | 20 m | |
| Having been na designated in th further agree to | agent's acceptance: med as registered agent and to acc is application, I hereby accept the comply with the provisions of all s ar with and accept the obligations | appointmer tatutes rela | it as registere tive to the pr | ed agent and agree to oper and complete p | act in this capaci | ty. I |
| | CRej (Rej | M / | My it'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. | FILED |
|---|---|
| A. DIRECTORS | 11.111 10 |
| Chairman: Tamiko Bradham | 11 JUL 19 RM 1:18 |
| Address: 1324 Westheaven Court | PALBAHASEDE PLONIOA |
| Tallahassee, FL 32310 | - ONOG |
| Vice Chairman: Malisha Lavette McPhaul | |
| Address: 2309 Tina Drive | |
| Tallahassee, FL 32301 | |
| Director: Kisha Wilkinson | |
| Address: 1914 Larette Dr., Apt. B | |
| Tallahassee, FL 32301 | |
| Director: Esmerelda Cruz | |
| Address: 1747 Capital Circle NE, Apt. 1502 | |
| Tallahassee, FL 32308 | |
| B. OFFICERS | |
| President: Rose Marie King | |
| Address: P.O. Box 10342 | |
| Tallahassee, FL 32302 | . " |
| Vice President: Willie A. King | |
| Address: P.O. Box 10342 | |
| Tallahassee, FL 32302 | |
| Secretary: Eleanor Paige | , |
| Address: 1747 Capital Circle NE, Apt. 806 Tallahassee, FL 32308 | 3 |
| Treasurer: Rose M. King | |
| Address: P.O. Box 10342 Tallahassee, FL 32302 | |
| radii css. | |
| NOTE: If necessary, you may attach an addendum to the application listing | g additional officers and/or directors. |
| 13(Signature of Chairman, Vice Chairman, or any officer listed in | number 12 of the application) |
| Rose M. King / President | number 12 of the application) |
| (Typed or printed name and capacity of person sig | ning application) |



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for King's Alliance Community Development Corporation (file number 801146313), a Domestic Nonprofit Corporation, was filed in this office on July 13, 2009.

It is further certified that the entity status in Texas is in existence.



In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 05, 2011.



Hope Andrade Secretary of State

X. (312) 403-3, TID: 10264 Dial: 7-1-1 for Relay Services Document: 348914780004