## F12000000343

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	Idress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	ısiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			





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12 JAN 24 PM 5: 35 SEGRETARY OF STATE

T. Burch JAN 2 5 2012

## **COVER LETTER**

TO:	New Filing S Division of C					
SUBJ	ЕСТ:		ENE LAMP FOUNDA	ATION		
Dear S	ir or Madam:					
"Certif	icate of Existend		tanding" and check are subn	tion to Conduct its Affairs in Florida", nitted to register the above referenced		
Please	return all corres	pondence concerning this ma	atter to the following:			
			TEE PERSAD			
			Name of Person			
			CPLS, P.A.			
Firm/Company						
		2	201 E. Pine Street			
			Suite 445 Address			
	Orlando					
		Ci	ity/State and Zip Code			
		attorneypersa	ad@cplspa.com			
	E-n	hail address: (to be used for	future annual report notificat	ion)		
For fur	ther information	concerning this matter, plea	ase call:			
		Persad at of Person	( 407 ) 647 Area Code & Daytime Tel	7-7887 Jephone Number		
	MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations	New Filing Se Division of Co Clifton Buildi	orporations ng ce Center Circle		
Enclos	ed is a check for	the following amount:				
<b>  \$7</b> (	0,00 Filing Fee	S78.75 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.	Name of corporation	in: must include the word "INC as will clearly indicate that it is nt. "Company" or "Co." may n	NE LAME ORPORATE	D" or "CORPORA	TON CORP.  TION" or words or ab- al person or partnership	breviations	of like	- ;
i.							nitariic	·u
2.	(State or country	CALIFORNIA under the law of which it is inc	3	(FE	01-0857784 I number, if applicable)	<del></del>		-
4.		06/26/2006 of Incorporation)					ıal")	
6.		d affairs in Florida if prior to reg						
	(Trate III Conductor	400444 00444	ST. #3014	ORLANDO.				•
		100 W. GRANT	•	ORLANDO	FL 32806	ECRET LLAH	2 JAN	71
		100 11. 010 111	(Current m	ailing address)		ARY O	42	=
8.	(Purpose(s) of corp	to engage in any lawfu	Il business	under U.S. L	aws and Florida the state of Florida)	12.5 12.5 13.5 14.5 15.5 15.5 15.5 15.5 15.5 15.5 15	- <del>Si.</del>	(E) ()
		address of Florida registered				第一	<del>5.</del> 35	
	Name: St	niyana Valentine		_				
Of	ffice Address: 10	0 W. GRANT ST. #301	4	_				
	<u>Or</u>	lando (City)		_, Florida	32806 (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. Names and addresses of officers and/or directors:

A. DIRECTORS	
Chairman: Adonal Foyle	SE 73
Address: 100 W. Grant St. # 3014	E N
ORLANDO, FL 32806	24   1   K
Vice Chairman:	
Address:	S. 3.
Director: Shiyana Valentine	
Address: 100 W. Grant St. #3014	
ORLANDO, FL 32806	
Director:	
Address:	
B. OFFICERS	
President: Adonal Foyle	
Address: 100 W. Grant St. #3014	
ORLANDO, FL 32806	<del></del>
Vice President:	
Address:	<u>.</u>
Secretary: Shiyana Valentine	
Address: 100 W. Grant St. #3014 ORLANDO, FL 32806	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	Vor directors
13. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application of the Adonal Foyle	ation)
14. ADONAL FOME (Typed or printed name and capacity of person signing application)	

## State of California Secretary of State

CERTIFICATE OF STATUS

12 JAN 24 PH 5: 3 SECRETARY OF STAT PALLAHASSEE, FLORE

ENTITY NAME:

THE KEROSENE LAMP FOUNDATION

FILE NUMBER:

C2810530

FORMATION DATE:

11/17/2005

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 16, 2011.

DEBRA BOWEN
Secretary of State