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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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COVER LETTER

TO: New Filing Section Division of Corporations			
SUBJECT: Covenant Bo	uildens I tion - must include suffix)	nc.	
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for "Certificate of Existence," and check are submitted to transact business in Florida.			
Please return all correspondence concerning this mat	ter to the following:		
<u>Claudia Schlinge</u> (Name			
(Name	of Person)		
<u> </u>			
	Company)		
SARASOta Fl. (City/State	. E. APt. 131	<i>"</i>	
(Ac	ldress)		
SARASOta Fl.	34243		
(City/Stat	te and Zip code)		
For further information concerning this matter, please	e call:	•	
Cloudin Schlinger 1 94	1 706-25	92	
Claudia Schlinger at (94) (Name of Person) (Are	a Code & Daytime Telepho	ne Number)	
STREET/COURIER ADDRESS: New Filing Section	MAILING AI New Filing Sec		
Division of Corporations	Division of Cor	Division of Corporations	
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	P.O. Box 6327 Tallahassee, FI		
Enclosed is a check for the following amount:			
□ \$70.00 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	□\$87.50 Filing Fee, Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Covenant Builders Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") Covenant Alliance Inc.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. WYOMIN 6

(State or country under the law of which it is incorporated)

(FEI number, if applicable) 4. Nov. 24, 2009
(Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 8210 60 th St. Cin. E. APt. 1311
(Principal office address) 8210 60th St. Con E. Opt. 1311 Sansotu, Fle 39.
(Current mailing address) 8. +o Aquine A DoB. A. for business in florado a

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: <u>Alaudia Schlinger</u>

Office Address: <u>Sd10 60th Strut Cinf.</u> Aptil3/1

<u>SARASOTA</u>, Florida <u>3/243</u>
(City) (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 Eapacity. 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 business addresses of officers and/or directors:

A. DIRECTORS
Chairman: C. Schlinger
Address: 8210 60th St. Como E. Apt 1311
Sarusota Fl. 34203
Vice Chairman: C. Schlinger
Address: 8210 60 th St. Cin. E. Apt. 1371
Sara Sota, Fl. 34243
Director: C-Schlingen
Address: 8210 60 th Street Cm E. Pot 1311 2
Sara Sotte Fl. 34243
Director: Claudia Schling
Address: 82W 60th St. Cn. E. Apt. 1311
Sura Dola, Fl 34543
B. OFFICERS
President: Claudia Schlinge
Address: 8210 60 th Street Ci. E. Apt 134
Sura Sota, Fl. 34143
Vice President: C. Schlinger
Address: 8210 60 th St. Cir. E. Apt, 1311
San Sota Fl. 34243
Secretary: C. Schlingen
Address: 8210 60th St. Cm. E. Apt, 1311 Sarasute, Fl. 3459
Treasurer: C. Schlinger
Address: 8210 60th St. Cox. E. Apt-1311 Sauset Fl. 39243
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13 Clause Sollenia
(Signature of Director or Officer listed in number 12 of the application)
14. Claudia Schlinger Direton
(Typed or printed name and capacity of person signing application)

STATE OF WYOMING Office of the Secretary of State

I, MAX MAXFIELD, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Covenant Builders

is a **Profit Corporation**

formed or qualified under the laws of Wyoming did on **November 24, 2009**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2009-000577113**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 13th day of February, 2012 at 6:27 AM. This certificate is assigned 011587320.



Maj Massiele Secretary of State

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Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.