



**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Thompson Warren Foundation, Inc.  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Good Standing" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Dr. Emma T. Warren  
Name of Person

Thompson Warren Foundation Ministry, Inc.  
Firm/Company

647 Territory Lane  
Address

Crestview FL 32536  
City/State and Zip Code

sos.fl@nym.hush.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emma T. Warren at ( 850 ) 689-8767  
Name of Person Area Code & Daytime Telephone 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 check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**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. Thompson Warren Foundation, Inc.  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. Nevada 3. 74-2681637  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/23/2011 November 6 5. 2009, perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Have not conducted business in Florida  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 7065 West Ann Road Suite 130-707 Las Vegas Nevada  
(Principal office address)

647 Territory Lane Crestview Florida 32536  
(Current mailing address)

8. Non-Profit Organization  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Emma T. Warren

Office Address: 647 Territory Lane

Crestview Florida 32536  
(City) (Zip Code)

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TALLAHASSEE, FLORIDA

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.*

Emma T. Warren

(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: Emma T. Warren Director of Operation

Address: P.O. Box 27740 Las Vegas NV 89126

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Zarlee Dillion Director of Finance

Address: P.O. Box 27740 Las Vegas NV 89126

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

*Director*  
Secretary: Walter R. Warren

Address: P.O. Box 27740 Las Vegas NV 89126

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *Emma J. Warren*  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Emma T. Warren Director of Operation  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

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## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **THOMPSON WARREN FOUNDATION, INC.**, as a non-profit corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since February 23, 2011, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on February 14, 2012.



A handwritten signature in black ink, appearing to read "Ross Miller".

ROSS MILLER  
Secretary of State

Certified By: Chris Thomann  
Certificate Number: C20120213-1940  
You may verify this certificate  
online at <http://www.nvsos.gov/>