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COVER LETTER

TO:	New Filing S Division of C	
CHDI	IECT:	Responder Life, a non-profit coporation
SUDI	ECT:	Name of Corporation – must include suffix
Dear S	Sir or Madam:	
"Certi	ficate of Existen	ation by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Floridace", or "Cerificate of Good Standing" and check are submitted to register the above reference ion to conduct its affairs in Florida.
Please	return all corres	spondence concerning this matter to the following:
		Christopher Green, President
		Name of Person
		Responder Life
		Firm/Company
		mailing address: P.O. Box 1216, Sandy, Oregon 97055
		physical location: 28986 SE Haley Road Address
	•	Boring, Oregon 97009 City/State and Zip Code
		·
		scott.dorr@responderlife.com mail address: (to be used for future annual report notification)
г с		
For Iu	rtner informatio	n concerning this matter, please call:
		Dorr, CFO at (503) 367-5278 of Person Area Code & Daytime Telephone Number
	MAILING A New Filing Se Division of Co P.O. Box 632' Tallahassee, F	New Filing Section Orporations Division of Corporations Clifton Building
Enclos	sed is a check fo	or the following amount:
₽ \$7	0.00 Filing Fee	S78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy



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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 22, 2012

en.

CHRISTOPHER GREEN RESPONDER LIFE PO BOX 1216 SANDY, OR 97055

SUBJECT: RESPONDER LIFE Ref. Number: W12000043713

We have received your document for RESPONDER LIFE 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.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Ruby Dunlap Regulatory Specialist II

Letter Number: 212A00021571

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.	Respo	nder Lite, I	ncorporate	ed	
(Name of corporation in the name at part)	oration: must include the word "INCO lage as will clearly indicate that it is a present. "Company" or "Co." may no	ORPORATED" a corporation ins t be used as a co	or "CORPORA" tead of a natural orporate suffix by	FION" or words or abb person or partnership a nonprofit corporation	reviations of like if not so contained on.)
2.	Nevada intry under the law of which it is inco	3.	•,	931296155	
(State or cou	intry under the law of which it is inco	rporated)	(FEI	number, if applicable)	· · · · · · · · · · · · · · · · · · ·
1 .	April 14, 2000 Date of Incorporation)	5.		Perpetual	
(1	Date of Incorporation)	(Î	ouration: Year co	orp. will cease to exist	or "perpetual")
5	scheduled to				
(Date first cond	lucted affairs in Florida if prior to regis	tration, See secti	ons 617.1501 &	617.1502, F.S, to detern	nine penalty liability.)
7	28986 SE Hale	y Road, Bor	ing, Oregon	97009	
' · · · · · · · · · · · · · · · · · · ·		(Principal office	address)		
	P.O. Box 12		Oregon 970	55	
		(Current maili	ng address)	-	
	•		•		
Responde	r Life is a ministry organizati	on promotin	g discipleshi	p training to first	responders.
(Purpose(s) of	corporation authorized in home state	or country to be	e carried out in t	he state of Florida)	•
Name and ste	eet address of Florida registered a	Aganti (D.O. Pa	v NOT accept	abla)	
. Name and <u>su</u>	eet address of Piorida registered a	igent. (F.O. Be	я <u>1101</u> ассері	aule)	
Name:	Ronnie Rivera	, , , ,			FILED PH 3: 01 12 SEP 17 PH 3: 01 SECRETARY OF STATE
Name.		* * * * * * * * * * * * * * * * * * * *	<u>.</u>		一一
Office Address:	Ronnie Rivera 8411 Quarterhorse Drive				一篇 二加
		-			70 Z O
	Riverview	, F	lorida	33578	70 (ig)
	(City)			(Zip Code)	经 9
10 Posistore	l agent's acceptance:				Su.
Having been no	amed as registered agent and to a	ccept service o	of process for t	he above stated corp	oration at the place
lesignated in th	his application, I hereby accept the comply with the provisions of a	ie appointmen U statutas rala	t as registered	agent and agree to a	ict in this capacity. I formance of my duties
armer ugree ic and I am famili	iar with and accept the obligation	is of my position	on as registere	er and complete per d agent.	ormance of my annes,
	· X ((
		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 c	fficers	and/or	directors:
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A. DIRECTORS Chairman: Dave Williams 12 SEP 17 PM 3: 01 Address: P.O. Box 1216 Sandy, Oregon 97055 Vice Chairman: Carl Leep Address: P.O. Box 1216 Sandy, Oregon 97055 Director: Andrew Ferguson Address: P.O. Box 1216 Sandy, Oregon 97055 Director: Ron Balash Address: P.O. Box 1216

Address: P.O. Box 1216 Sandy, Oregon 97055 **B. OFFICERS** President: Christopher Green Address: 38715 Barlow Parkway Sandy, Oregon 97055 Vice President: Trey Doty Address: P.O. Box 1216 Sandy, Oregon 97055 Secretary:_ Address: Treasurer: Scott Dorr Address: P.O. Box 1216, Sandy, Oregon 97055 NOTE/If/necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Christopher Green, President (Typed or printed name and capacity of person signing application)

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Lt. Col. Mike Straup, Director P.O. Box 1216 Sandy, OR 97055

John Atkinson, Director P.O. Box 1216 Sandy, OR 97055

Wendi Babst, Director P.O. Box 1216 Sandy, OR 97055

Bob Cozzie, Director P.O. Box 1216 Sandy, OR 97055

Dr. Janette Green, Director P.O. Box 1216 Sandy, OR 97055

Pat Keim, Director P.O. Box 1216 Sandy, OR 97055

Chief Ed Kirchhofer, Director P.O. Box 1216 Sandy, OR 97055 Clark Miller, Director P.O. Box 1216 Sandy, OR 97055

12. Names and Addresses of Directors

(supplemental page)

Jim Peterson, Director P.O. Box 1216 Sandy, OR 97055

Conrad Pearson, Director P.O. Box 1216 Sandy, OR 97055

Dr. Ken Stewart, Director P.O. Box 1216 Sandy, OR 97055

Dr. Stu Weber, Director P.O. Box 1216 Sandy, OR 97055

H. B. London, Director P.O. Box 1216 Sandy, OR 97055 SECRETARY OF STATE



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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, **RESPONDER LIFE**, 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 April 14, 2000, and is in good standing in this state.

O THE STATE OF

Certified By: Joann Larson Certificate Number: C20120709-2788 You may verify this certificate online at http://www.nvsos.gov/ IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on July 13, 2012.

ROSS MILLER Secretary of State