

F13000003143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

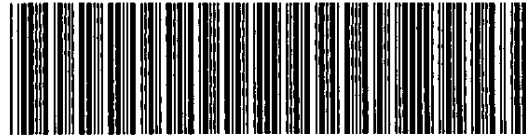
☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



900249471959

07/15/13--01013--010 **78.75

Special Instructions to Filing Officer:

Seanna Stankley ~~NAME~~
AUTHORIZATION BY PHONE TO
CORRECT Add INC to name
DATE 7/23/13
DOC. EXAM MRD

Office Use Only

MRD
7/23/13

FILED
13 JUL 23 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Centers for Spiritual Living

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 Status" 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:

Deanna Stanley

Name of Person

Kennedy Licensing Service, Inc.

Firm/Company

4144 N. Central Expy., Suite 800

Address

Dallas, TX 75204

City/State and Zip Code

insurance@csl.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deanna Stanley

Name of Person

at (214) 855-0737

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2013

DEANNA STANLEY
KENNEDY LICENSING SERVICE, INC.
4144 N. CENTRAL EXPY., SUITE 800
DALLAS, TX 75204

SUBJECT: CENTERS FOR SPIRITUAL LIVING
Ref. Number: W13000040751

We have received your document for CENTERS FOR SPIRITUAL LIVING and your check(s) totaling \$78.75. 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: 913A00017598

**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. **Centers for Spiritual Living *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. **Colorado**

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

3.

(FEI number, if applicable)

4. **4/26/11**

(Date of Incorporation)

5.

perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. **Upon qualification**

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. **573 Park Point Drive Golden, CO 80401**

(Principal office address)

573 Park Point Drive Golden, CO 80401

(Current mailing address)

8. **Nonresident insurance agency sales and service**

(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: **Registered Agent Solutions, Inc.**

Office Address: **155 Office Plaza Dr., Suite A**

Tallahassee

(City)

, Florida

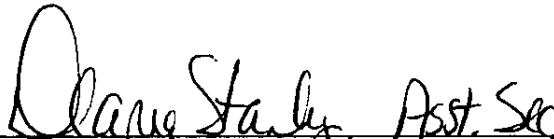
32301

(Zip Code)

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SECRETARY OF STATE
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.



(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: None

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: SEE ATTACHED LIST

Address: _____

Vice President: _____

Address: _____

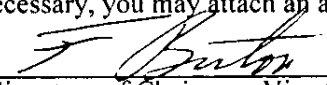
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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

14. Steven Burton, Dir. of Operations
(Typed or printed name and capacity of person signing application)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CENTERS FOR SPIRITUAL LIVING
OFFICERS**

FILED

13 JUL 23 PM 1:34

Heather Clark
Council Chair
29425 Port Royal Way
Laguna Niguel, CA 92677

SECRETARY OF STATE
Walter M. Drew TALLAHASSEE, FLORIDA
Treasurer
2307 Brother Lake Place
Santa Fe, NM 87505

Geoffrey Sindon
Secretary
2110 Laurelwood Drive
Thousand Oaks, CA 91362

Steven Burton
Director of Operations
7348 W. 73rd Avenue
Arvada, CO 80003

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE

FILED
13 JUL 23 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

Centers for Spiritual Living

is a **Nonprofit Corporation** formed or registered on 04/26/2011 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20111128303.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 07/08/2013 that have been posted, and by documents delivered to this office electronically through 07/10/2013 @ 07:02:57.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 07/10/2013 @ 07:02:57 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8585560.



Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."