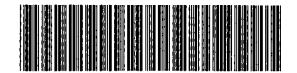
14UCCO//S

(Requestor's Name)
His Kingdom Foundation, Corp. " Harold Mintle 1001 Carpenters Way Apt H309 Lakeland, FL 33809-3980
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

V14-9734



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02/11/14--01002--003 **70.00



COVER LETTER

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

His Kingdom Foundation

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:

Harold Mintle

Name of Person

His Kingdom Foundation

Firm/Company

1001 Carpenters Way H-309

Address

Lakeland FI 33809

City/State and Zip Code

hb2min@tampabay.rr.com

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

For further information concerning this matter, please call:

Harold Mintle

863 859-0037

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Name of Person

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

March 3, 2014

HAROLD KONGDOM FOUNDATION C/O HAROLD MINTLE 1001 CARPENTERS WAY H-309 LAEKLAND, FL 33809

SUBJECT: HIS KINGDOM FOUNDATION CORP

Ref. Number: W14000009734

14 HAR 13 PM 12: 01

We have received your document for HIS KINGDOM FOUNDATION CORP and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 607.0120(6)(b), or 617:0120(6)(b), Florida Statutos, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 314A00003438

www.sunbiz.org

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. His King (Name of corporation in language)	praction: must include the word "INCORPORATE lage as will clearly indicate that it is a corporation present. "Company" or "Co." may not be used as a	Tion D" or "CORPORATION" or words or abbreviat instead of a natural person or partnership if not	ions of like so contained
2. VVYOITIIT	ntry under the law of which it is incorporated) 3.	(FEI number, if applicable)	
4. 05/06/201	10	(1 Et namoer, 1 approacto)	
4, (1	Date of Incorporation) 5.	(Duration: Year corp. will cease to exist or "pe	erpetual")
6 05/06/20	010		
(Date first cond	fucted affairs in Florida if prior to registration. See s	ections 617.1501 & 617.1502, F.S, to determine p	penalty liability.)
_{7.} 1001 Ca	rpenters Way H-309 Lakeland	l Fl 33809	
	(Principal of	fice address)	
1001 Ca	rpenters Way H309 Lakeland F	1 33809	
	<u> </u>	ailing address)	
			. F
8. Benevol	ent Corporation corporation authorized in home state or country to		子型
(Purpose(s) of	corporation authorized in home state or country to	be carried out in the state of Florida)	122
9. Name and str	eet address of Florida registered agent: (P.O.	Box NOT acceptable)	
•			
Name:	Harold Mintle		3 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
	1001 Carpenter Way H-309	_	9 34
Office Address:	1001 Carpenter Way 11-309	_	** 72.5
	lakeland	, Florida 33809	₩;
	(City)	(Zip Code)	
Having been na designated in th further agree to	agent's acceptance: imed as registered agent and to accept servic its application, I hereby accept the appointn comply with the provisions of all statutes re a familiar with and accept the obligations of	ient as registered agent and agree to act in elative to the proper and complete perform	1 this canacity I
	(Registered ag	Care Dhulle	J

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

519

A. DIRECTORS
Chairman: Harold Mintle
Address: 1001 Carpenters Way H309
Lakeland FI 33809
Vice Chairman: Bertha Mintle
Address: 1001 Carpenters Way H309
Lakeland FI 33809
Director:
Address:
Director:
Address:
B. OFFICERS
President:
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. Bertho Mentlo (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
\mathcal{D}_{i} and \mathcal{D}_{i}
14. Devita Mintle (Typed or printed name and capacity of person signing application)

State of Wyoming

Office of the Secretary of State



United States of America, State of Wyoming

`ss.

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

His Kingdom Foundation is a NonProfit Corporation

formed or qualified under the laws of Wyoming did on May 6, 2010, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number 2010-000584203.

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 6th day of May, 2010 at 2:03 PM.



Max Malfield Secretary of State

By Disa Staples