(Req	uestor's Name)	
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PICK-UP		MAIL
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(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



900260097219

05/23/14--01015--016 **78.75

COVER LETTER

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.

New Filing Section

Tallahassee, FL 32314

□ \$70.00 Filing Fee

Enclosed is a check for the following amount:

√\$78.75 Filing Fee &

Certificate of Status

Division of Corporations

TO:

Dear Sir or Madam:

Please return all correspondence concerning this matter to the following:		
Jarvis E. Saunders Name of Person		
Project Lifesaver International, Inc.		
DBA - Project Lifesaver, Inc.		
2710 SW. Port St. Lucie Blvd. Address		
Port St. Lucie, Fl. 34953 City/State and Zip Code		
gsaunders@projectlifesaver.org		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Jarvis E. Saunders at 1772, 446-1273 Name of Person Area Code & Daytime Telephone Number		
MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building		

2661 Executive Center Circle Tallahassee, FL 32301

□ \$87.50 Filing Fee,

Certified Copy

Certificate of Status &

□\$78.75 Filing Fee &

Certified Copy



May 27, 2014

JARVIS E. SAUNDERS 2710 SW PORT ST.LUCIE BLVD. PORT ST.LUCIE, FL 34953

SUBJECT: PROJECT LIFESAVER INTERNATIONAL, INC.

Ref. Number: W14000032966

We have received your document for PROJECT LIFESAVER INTERNATIONAL, INC. 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 listed in number one of the application must be identical to the name listed in the certificate of existence.

To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, and Inc.

The Officer/Director's names and addresses are not legible. Please print the information clearly.

Please return 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.

Maryanne Dickey Regulatory Specialist II

www.sunbiz.org

Letter Number: 114A00011379



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 6, 2014

JARVIS E. SAUNDERS 2710 SW PORT ST.LUCIE BLVD. PORT ST.LUCIE, FL 34953

SUBJECT: PROJECT LIFESAVER, INC.

Ref. Number: W14000032966

We have received your document for PROJECT LIFESAVER, INC. 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, and Inc.

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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.

Maryanne Dickey Regulatory Specialist II

Letter Number: 114A00011379

Division of Companytions BO DOV 6997 Mullahaman Black and 1991

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. A FAIRS IN
THE STATE OF FLORIDA:
(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. VICAINIA (State or country under the law of which it is incorporated) 4. November st 200 5.
4. November 1 200 5. Perpetual " (Duration: Year corn, will cease to exist or "nemetual")
6. (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
7. 2710 SW. Port St. Lucie Blvd. Port St. Lucie, Fl. 34953 (Principal office address)
same as #7
To provide training and equipment to public safety agencies and
sindividuals in electronically tracking and locating persons with Alzheimer's
Same as #7 To provide training and equipment to public safety agencies and sindividuals in electronically tracking and locating persons with Alzheimer's (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Autism who wander and become lost. 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Jarvis E. Saunders
Office Address: 811 SW. Grand Reserves Blud.
Port St. Lucie, Florida 34986 (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 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.

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.

(Registered agent's signature)

12. Names and addresses of officers and/or directors

A. DIRECTORS		
Chairman: Richard Derus		
Address: P.O. Box 810 Essex Ontacio: Canada N8M 242		
Vice Chairman: Jarvis E. Saunders		
Address: 811 SW Grand Reserves Blvd.		
Port St. Lucie FL. 34986		
Director: Eric Hall		
Address: 322 Eighth Ave. 7th Floor		
New York, NY. 10001		
Director: Brad Trahan		
Address: 2570 Colleen Street, NE.		
Rochester, MN. 55906		
B. OFFICERS		
President: Jarvis E. Saunders.		
Address: 2710 SW. Port St. Lucie Blvd.		
Port St. Lucie, Fl. 34953		
Vice President: Thomas C. Carter		
Address: 815 Battlefield Blvd. South		
Chesapeake, VA. 23322		
Secretary: Pamela Whittaker		
Address: 815 Battlefield Blvd. South Chesapeake VA. 23322		
Treasurer: Pamela Whittaker		
Address: 815 Battlefield Blvd. South Chesapeake, VA. 23322		
NOTE IN THE STATE OF THE STATE		
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)		
14. / Jarvis E. Saunders		
(Typed or printed name and capacity of person signing application)		

Commontoealth & Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That PROJECT LIFESAVER, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is November 01, 2001;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: May 13, 2014

Joel H. Peck, Clerk of the Commission

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned OENE SAUNDENS	, do hereby certify
(Name)	
that this Resolution of the Board of Directors of <u>noject</u>	iteraven, The
(Corporate Name)	,
a corporation duly organized and existing under the laws of the State of	Vinginia
was duly adopted on Jane 12	. 2014.
Be it resolved, that <u>Project Lifesques</u> <u>The</u> (Corporate Name)	,
` · ·	
organized and existing in the State of,	
Project Lifesover International, Inc.	for use in Florida.
Dated: 6-12-14	7
Signature of either Chairman, Vice Chairman or a	ny officer
OENE Sources	
Type or print name	