(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				



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COVER LETTER

TO:	New Filing Se Division of Co			
SUBJI	ECT:	Name of Corporatio	n – must include suffix	
Dear Si	ir or Madam:	Traine of Corporation	•	
		in the Francisco Mar San Bur Sa	Čana anation for Anthonism	sion to Conduct its
Affairs	in Florida", "Ce	ion by Foreign Not for Profit rtificate of Existence", or "Cenced not for profit corporations."	ertificate of Status" and che	eck are submitted to
Please	return all corresp	ondence concerning this mat	tter to the following:	
		Dakota Bishop Name of		
		Name of	Person	
		CO Missions I.	- ompany	
				
		10001 Chemstrand	Konf	
		10001 Chemotonal Pensaus la FZ 32	2574	
		·· Add	fress	
.,				
		City/State as	nd Zip Code	
		info.com	issions Gamailcom	
	E-r	nail address: (to be used for f	uture annual report notifica	ntion)
For fur	rther information	concerning this matter, please	se call:	
	Dakota j	Rich .	850 207-9/34	Į.
		of Person at (Area Code & Daytime Te	lephone Number
	MAILING AI New Filing Sec		STREET/CO New Filing So	OURIER ADDRESS: ection
Division of Corporations P.O. Box 6327		Division of Corporations Clifton Building		
	Tallahassee, Fl			ve Center Circle
Enclos	sed is a check for	the following amount:		
1 \$70	0.00 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

			17 (1)	7
IN COMPLIANC	E WITH SECTION 617.1503, FLORIDA ST	ATUTES. THE FOLLOWING IS SUBMIT	TĒĎ;TC) <u>o</u>
REGISTER A FO	OREIGN NOT FOR PROFIT CORPORATIO	N FOR AUTHORIZATION TO CONDUC	T ITS AI	FFAIRS IN
THE STATE OF .			الغرية	1
	a Mission - I A Tree			9
1. (Name of comes	ation: must include the word "INCORPORATED	O" or "CORDOR A TION" or words or abbrevia	tions of I	
import in languar	ge as will clearly indicate that it is a corporation	instead of a natural person or partnership if no	tonis of fi	ifigi (****)
in the name at pr	esent. "Company" or "Co." may not be used as a	corporate suffix by a nonprofit corporation.)		
			WD1	$\overline{\omega}$
(If name unavai	ilable in Florida, enter alternate corporate name a	adopted for the purpose of transacting business	in Florid	la)
A.C.	-17. (11	47 12091117		
2. 700	try under the law of which it is incorporated) 1 Let 26, 2014 ate of Incorporation) 3.	17-100/99/		
(State or coun	try under the law of which it is incorporated)	(FEI number, if applicable)		
4 Ju	me 26, 2019 5.	perpetual		
(D	ate of Incorporation)	(Duration: Year corp. will cease to exist or "p	erpetua!'	^H)
6 <i>N</i> .	<i>(A</i>			
(Date first condu	acted affairs in Florida if prior to registration. See s	ections 617.1501 & 617.1502, F.S, to determine	penalty li	iability.)
7	10001 Chamstral Food Resaula (Principal of	FZ 32574		
· .	(Principal of	fice address)		
	12001 Chem trans Rond Research	PU 32519		
	(Current m	ailing address)		
			,	
· Non-	profit actions against growing	con the arteral continue	Hes	
(Purpose(s) of c	profit activity providing summer corporation authorized in home state or country to	o be carried out in the state of Florida)		
, , , ,				
9. Name and stre	eet address of Florida registered agent: (P.O	. Box NOT acceptable)		
		•		
N 1.	Deta Rishan			
Name:	Dia July			
	Dakota Bishop 10001 Chemotrand Road			
Office Address:	7-5-7 Stems//AREC / 1549			
-	Persaula (City)	AW		
	Pers 4 cola	_, Florida		
	(City)	(Zip Code)		
10 10				
Having heen na	agent's acceptance: med as registered agent and to accept serve	ica of process for the above stated corner	ation at	the place
designated in th	is application. I hereby accept the appoint	ment as registered agent and agree to act	in this c	capacity. I
further agree to	is application, I hereby accept the appoint comply with the provisions of all statutes i familiar with and accept the obligations o	relative to the proper and complete perfo	rmance (of my
duties, and I am	familiar with and accept the obligations of	f 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:	
Address:	0
Vice Chairman:	9
Address:	102:13 031
Director:	<u> </u>
Address:	
Director:	
Address:	
B. OFFICERS President: Ken milson Address: 340/ Granafier Court Mobile, AL 36895	
Vice President: Date to Bishop Address: 1000/ Chemoton I Ronf Passacola FL 325/4	
Secretary: Candy Thubolake	
Address: 11621 Clear Creek Drive Pensaula FL 325/9	. <u></u>
Address: 11621 Clear Creek Drike Pensaula FL 325/4	· · · · · · · · · · · · · · · · · · ·
NOTE: If necessary, you may attach an addendum to the application listing additional officers an	d/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the appli 14. (Typed or printed name and capacity of person signing application)	cation)



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, docertify that

CO MISSIONS, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 26th day of June, 2014, with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 2nd day of September, 2014.

Elaine J. Marshall

Secretary of State