

F14000004493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

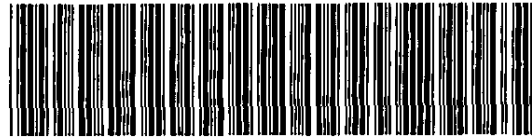
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/27/14--01008--019 \*\*70.00

14 OCT 20 AM 7:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W14-19848

**COVER LETTER**

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

**SUBJECT:** VIDA  
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:

Sandra Elizondo  
Name of Person

VIDA  
Firm/Company

791 Sunset Lakes Dr.  
Address

Merritt Island, FL 32953  
City/State and Zip Code

sandra@vida-volunteertravel.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Elizondo at (321) 848-3530  
Name of Person 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

March 28, 2014

SONDRA ELIZONDO  
791 SUNSET LAKES DR  
MERRITT ISLAND, FL 32953

SUBJECT: VIDA NON-PROFIT CORPORATION  
Ref. Number: W14000019848

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 MAY 19 PM 2:04

RECEIVED

We have received your document for VIDA NON-PROFIT CORPORATION 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 listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 614A00006690



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 27, 2014

SONDRA ELIZONDO  
791 SUNSET LAKES DR  
MERRITT ISLAND, FL 32953

SUBJECT: VIDA NON-PROFIT CORPORATION  
Ref. Number: W14000019848

SECTION 11  
TALLAHASSEE, FLORIDA

14 JUL -7 PM 4:29

RECORDED

2

We have received your document for VIDA NON-PROFIT CORPORATION 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.

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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 614A00006690



Sent 10/15/14

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO ADOPT AN  
ALTERNATE NAME FOR USE IN FLORIDA**

(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Sondra Elizondo, do hereby certify  
(Name)

that this Resolution of the Board of Directors of VIDA Corporation

(Name of Corporation)

a corporation duly organized and existing under the laws of Minnesota,  
(State or Country)

was adopted on July 7th, 2008, adopting the alternate

name of Vida Volunteer Corporation  
(Alternate Name) NOTE: Must contain a corporate suffix)

for use in Florida as its real name is unavailable in Florida.

Date: 10/15/14

Sondra Elizondo  
Signature of Chairman, Vice Chairman of the Board, a  
director or any officer

President  
Title of person signing

FILING FEE \$35

(No fee required if submitted with a foreign not for profit qualification or amendment)

Make checks payable to Florida Department of State and mail to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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. VIDA Corporation  
(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. Minnesota 3. 39-2077094  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 15<sup>th</sup>, 2008 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Pending Registration  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 791 Sunset Lakes Drive, Merritt Island, FL  
(Principal office address) 32953
- Same as above  
(Current mailing address)

8. To provide free medical dental & veterinary care to needy remote communities in Costa Rica, Nicaragua, & Guatemala.  
(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: Sandra Elizondo

Office Address: 791 Sunset Lakes Drive  
Merritt Island, Florida 32953  
(City) (Zip Code)

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REGISTRATION DIVISION  
FLORIDA DEPARTMENT OF STATE

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.*

Sandra L. Elizondo  
(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: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: Sandra L. Elizondo

Address: 791 Sunset Lakes Drive, MT

Florida 32953

Vice President: Jois Bonasera

Address: 30469 East Oak Bend Dr.

Grand Rapids, MN 55744

Secretary: Allison Reinartz

Address: 2107 James Ave, St. Paul, MN 55105

Treasurer: Jeff Ackerman

Address: P.O. Box 3109 #6218, Houston, TX

14 OCT 20 AM 7:24  
SECRETARY OF STATE  
PROLIFERATION  
PREVENTION  
ACT

77252-3109

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

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

14. Sandra L. Elizondo  
(Typed or printed name and capacity of person signing application)

State of Minnesota

**SECRETARY OF STATE**

**CERTIFICATE OF OFFICE**

I, Beth Fraser, Deputy Secretary of State of Minnesota, do certify that: The person listed below, whose signature appears on the attached document, held the office set forth below and that the person was duly qualified and empowered to hold that office and to perform all of the functions of that office on the date the attached document was signed.

**NAME OF SIGNING PERSON:** Mark Ritchie

**OFFICE HELD:** Secretary of State, State of Minnesota

**DATE DOCUMENT WAS SIGNED:** March 17, 2014

**This certificate has been issued on:** 03/17/2014



**Beth Fraser**  
Deputy Secretary of State



14 OCT 20 AM 7:24  
SECRETARY OF STATE  
MINNESOTA

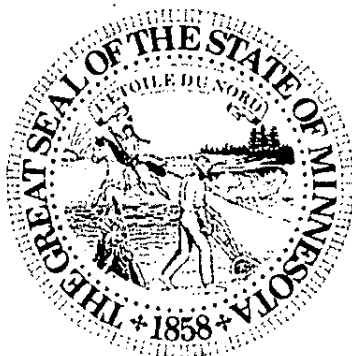


**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: VIDA  
Date Filed: 07/15/2008  
File Number: 2930312-2  
Minnesota Statutes, Chapter: 317A  
Home Jurisdiction: Minnesota

This certificate has been issued on: 03/17/2014



*Mark Ritchie*  
Mark Ritchie  
Secretary of State  
State of Minnesota