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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AINSLEY'S ANGELS OF AMERICA INC.
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:

KRISTINE SEAWARD
Name of Person

AINSLEY'S ANGELS OF AMERICA INC.
Firm/Company

562 W FRIESEN ROAD
Address

LAKE CHARLES LA 70607
City/State and Zip Code

INFO@AinsleysAngels.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERRY P HEBERT at (337) 478-4828
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

**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. AINSLEYS ANGELS OF AMERICA 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.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. LOUISIANA

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

3. 45-3576353

(FEI number, if applicable)

4. 10/07/2011

(Date of Incorporation)

5. "PERPETUAL"

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

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

7. 562 W FRIESEN ROAD, LAKE CHARLES, LA 70607

(Principal office address)

562 W FRIESEN ROAD, LAKE CHARLES, LA 70607

(Current mailing address)

8. BUILD AWARENESS ABOUT AMERICA'S SPECIAL NEEDS COMMUNITY

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

THROUGH INCLUSION IN ALL ASPECTS OF LIFE.

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Jodi Stoner

Office Address:

8800 Mill Creek Ln

Hudson

(City)

Florida

34667

(Zip Code)

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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 • SEE ATTACHED

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS • SEE ATTACHED

President: _____

Address: _____

Vice President: _____

Address: _____

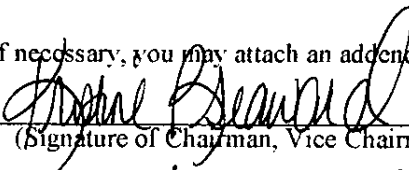
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

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

14. KRISTINE SEAWARD, VICE PRESIDENT / DIRECTOR
(Typed or printed name and capacity of person signing application)

AINSLEY'S ANGELS OF AMERICA
FIN 465-3576353

LIST OF DIRECTORS

MAJOR KIM R. ROSSITER, USMC
828 CABRINI PLACE
VIRGINIA BEACH, VA 23464

KRISTINE SEAWARD
562 W FRIESEN ROAD
LAKE CHARLES, LA 70607

JOE ORTH
1873 CLIFTON BRIDGE DRIVE
VIRGINIA BEACH, VA 23456

LIST OF OFFICERS

MAJOR KIM R. ROSSITER, USMC
PRESIDENT
828 CABRINI PLACE
VIRGINIA BEACH, VA 23464

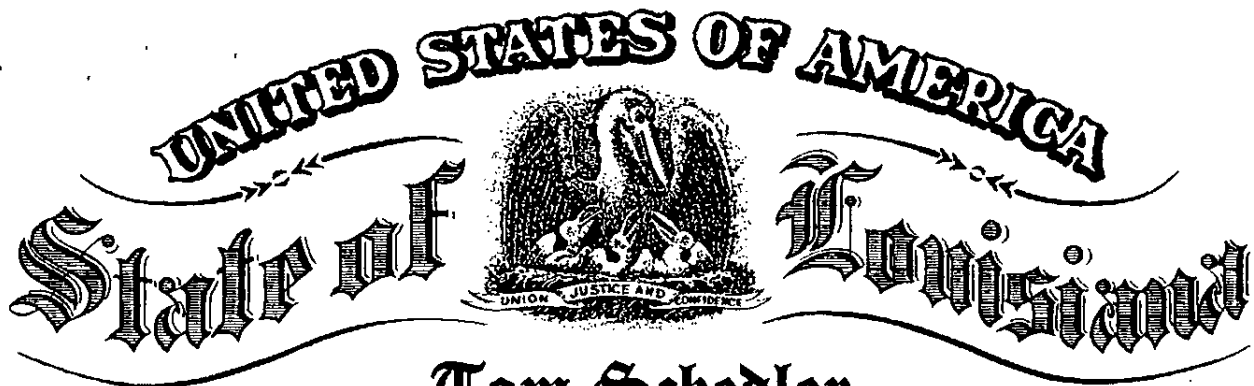
KRISTINE SEAWARD
VICE PRESIDENT
562 W FRIESEN ROAD
LAKE CHARLES, LA 70607

JOE ORTH
VICE PRESIDENT
1873 CLIFTON BRIDGE DRIVE
VIRGINIA BEACH, VA 23456

SHAUN EVANS
VICE PRESIDENT
2826 ROUTE 29
MIDDLE GROVE, NY 12850

LORI ROSSITER
SECRETARY
828 CABRINI PLACE
VIRGINIA BEACH, VA 23464

TERRY P HEBERT
TREASURER
113 VANESSA AVENUE
LAKE CHARLES, LA 70605



Tom Schedler

SECRETARY OF STATE

As Secretary of State of the State of Louisiana I do hereby Certify that

AINSLEYSANGEL'S OF AMERICA

A corporation domiciled in LAKE CHARLES, LOUISIANA,

Filed charter and qualified to do business in this State on October 07, 2011,

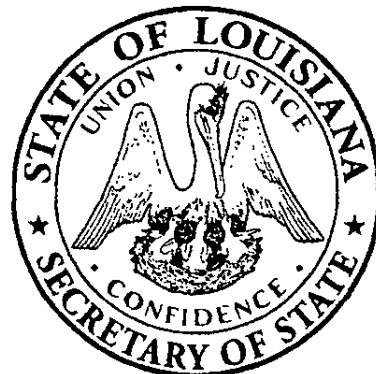
I further certify that the records of this Office indicate the corporation has paid all fees due the Secretary of State, and so far as the Office of the Secretary of State is concerned is in good standing and is authorized to do business in this State as a Non-Profit Corporation.

In testimony whereof, I have hereunto set my hand and caused the Seal of my Office to be affixed at the City of Baton Rouge on,

February 19, 2015

Secretary of State

Web 40634870N



Certificate ID: 10572763#7QK73

To validate this certificate, visit the following web site, go to **Business Services**, **Search for Louisiana Business Filings**, **Validate a Certificate**, then follow the instructions displayed.
www.sos.la.gov