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Special Instructions to Fil	ing Officer:					
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## **COVER LETTER**

TO:	New Filing Section Division of Corporations								
SUBJ	ECT: Stencil	Artisans League, Inc. (d	lba Int'l D	ecorative Art	isans League)				
		Name of Corporation	on – must in	clude suffix					
Dear S	ir or Madam:								
Affairs	s in Florida", "Co	tion by Foreign Not for Profi ertificate of Existence", or "C enced not for profit corporati	Certificate of	Status" and ch	eck are submitted to				
Please	return all corres	pondence concerning this ma	tter to the fo	ollowing:					
	She	eila Haas							
		Name o	f Person						
	She	eila Haas CPA							
	· · · · ·	Firm/C	ompany						
	420	7 Kronos Pl.							
	<del></del>	Ado	dress	<u> </u>					
	Cha	arlotte, NC 282	10						
		City/State a		<del>)</del>	<del>, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>				
	she	ilahaas@cpacl	t.com						
	E-1	nail address: (to be used for t	uture annua	l report notifica	tion)				
For fur	ther information	concerning this matter, plea	se call:						
Sh	eila Haa	S at (	980	298-6048					
	Name	of Person	Area Code	& Daytime Te	lephone Number				
MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ction rporations	STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301						
Enclos	ed is a check for	the following amount:							
<b>□</b> \$70	0.00 Filing Fee	☐\$78.75 Filing Fee & Certificate of Status		Filing Fee & ed Copy	S87.50 Filing Fee, Certificate of Status & Certified Copy				



May 15, 2015

SHELIA HAAS 4207 KRONOS PL CHARLOTTE, NC 28210

SUBJECT: STENCIL ARTISANS LEAGUE INC.(DBA INT'L DECORATIVE

**ARTISANS LEAGUE)** 

Ref. Number: W15000034812

We have received your document for STENCIL ARTISANS LEAGUE INC.(DBA INT'L DECORATIVE ARTISANS LEAGUE) and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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.

Carol Mustain Regulatory Specialist II

Letter Number: 315A00010307

# 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:

	League, Inc. 😚	1			
(Name of corporation: must import in language as will cl in the name at present. "Con	include the word "INCORPOR early indicate that it is a corpor apany" or "Co." may not be use	ATED" or "CORPORATIC ation instead of a natural ped as a corporate suffix by a	N" or words or abbrrson or partnership in nonprofit corporation	eviations f not so co n.)	of like ontained
(If name unavailable in Flo	rida, enter alternate corporate n	ame adopted for the purpos	e of transacting busing	ness in Fl	orida)
<sub>2.</sub> Geogia		<sub>3.</sub> 58-1558509			
(State or country under th	e law of which it is incorporate	d) (FEI nu	mber, if applicable)		
<sub>4.</sub> January 10, 1984		<sub>5.</sub> Perpetual			
(Date of Incor	poration)	(Duration: Year corp	. will cease to exist of	or "perpet	ual")
<sub>6.</sub> 1/1/2015					
(Date first conducted affairs	in Florida if prior to registration.	See sections 617.1501 & 61	7.1502, F.S. to detern		
7. 411 Oak Hill Dri	ve, Altamonte Spri				를 C_
	(Princip	oal office address)		ξĒ	E N
411 Oak Hill Dri	ve, Altamonte Spri	ngs, FL 32701			
	(Curr	ent mailing address)		. ( <del>( )</del> ( )	
			1	21 O	<del>-</del>
8.	BUSINE authorized in home state or coun	SS ADMINIS	STRATION		 
(Purpose(s) of corporation a	uthorized in home state or cour	ntry to be carried out in the	state of Florida)	<u>"</u>	
9. Name and street address	of Florida registered agent:	(P.O. Box <u>NOT</u> acceptab	ole)		
Name: Linda E	Banning				
Office Address: 411 O	ak Hill Drive				
Altamo	nte Springs	, Florida 32701	(Zip Code)		
10. Registered agent's ac	•		(E.P 0000)		

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 agents 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: Theresa Cheek (past President) Address: PO Box 427 Bullard, TX 75757-0427 Vice Chairman: Address: Sheila Haas (Executive Financial Director) 4207 Kronos Pl. Address: Charlotte, NC 28210 B. OFFICERS President: Lyna Farkas Address: 73 Gash Farm Rd. Asheville, NC 28805-2709 Vice President: Address: Secretary: Renee Allarie 6910 Wolfsboro Ln., Fort Wayne, IN 46835 Treasurer: Lisa Moon 421 Belknap Place, San Anatonio, TX 78212 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. Sheila Haas (Typed or printed name and capacity of person signing application)

### STATE OF GEORGIA

Secretary of State Corporations Division 313 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CONTROL NUMBER DATE INC/AUTH/FILED: January 10, 1984

JURISDICTION PRINT DATE

: J400173

: Georgia

: April 27, 2015

#### CERTIFICATE OF EXISTENCE

1, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### STENCIL ARTISANS LEAGUE, INC. A Domestic Non-Profit Corporation

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Brian P. Kemp Secretary of State