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COVER LETTER

Registration Section
Division of Corporations

TO:

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:
Ann Maria Rowan Name of Person
Fountains of Living Water Intil
P.O. Box 2031 Address
Marco Island, FL 34146 City/State and Zip Code
e-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ann M. Rowan at 910 534-0284 Name of Person Area Code Daytime Telephone Number
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration 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 \$\ \text{Certificate of Status} \ \text{S78.75 Filing Fee & Certified Copy} \ \text{Certified Copy} \ \text{S87.50 Filing Fee, Certified Copy} \\ \text{Certified Copy} \\ C

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. FOUr taims of Living Water International Incorporated (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 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 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 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 corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." "Roy NOT acceptable)

2. North Carolina 3. 26-4409892

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

4. April 21, 2009

(Date of Incorporation)

(Date of duration, if other than perpetual)

6. (Date of Incorporation)

(Date of duration, if other than perpetual)

7. 1003 Anglers Cove. Unit K306, Marco Island, FL 34145

(Principal office address)

P.O. Box 2031, Marco Island, FL 34146

(Current mailing address, if different)

8. religious, Charitable, educational, (iterary, Prevention cruelty to childrent)

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

10. Registered agent's acceptance:

Office Address:

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

Chairman:	
Address:	
Vice Chairman:	<u> </u>
Address:	_
Director:	
Address:	_
Director:	
Address:	_
B. OFFICERS	GCF:NO.
President: Ann Maria Rowan	
Address: 1003 Anglers Cove, Unit K306	
Marco Island, FL 34145	fike 1980
Vice President:	_
Address:	_
Secretary: Georgianna Kiss	
Address: 176 Seminole Lakes Dr., Royal Palm Beach, FL 33	34/1
Treasurer: <u>Catherine</u> <u>DeLorenzi</u>	
Address: 11621 Highbury Way, Tampa, FL 33626	_
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. Ann Maria Rowan, President (Typed or printed name and capacity of person signing application)	



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

FOUNTAINS OF LIVING WATER INTERNATIONAL

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 21st day of April, 2009, 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 17th day of September, 2015.

Secretary of State

6 laine I. Marshall

Certification# 97507879-1 Reference# 12741098- Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification