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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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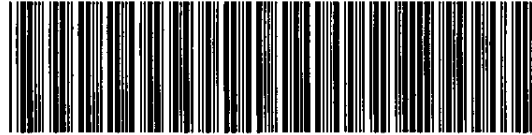
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 22 2016
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REDEEMED PILGRIMS MINISTRIES 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:

CLAUDIA UGWU

Name of Person

REDEEMED PILGRIMS MINISTRIES INC.

Firm/Company

301 SOUTH CRESCENT DR.

APT. 25

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

OKEUGWU@YAHOO.COM

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

OGHALE KING

Name of Person

at (832)

Area Code

5255111

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 ☐ \$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. REDEEMED PILGRIMS MINISTRIES INTERNATIONAL 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. GEORGIA 3. 20-8024583
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/19/2006 5. _____
(Date of Incorporation) (Date of duration, if other than 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. 2300 NORTH SHERMAN CIRCLE APT. 202, MIRAMAR FL 33025
(Principal office address)

301 SOUTH CRESCENT DR, APT. 25 HOLLYWOOD, FL 33021
(Current mailing address, if different)

8. FOR CHARITABLE, RELIGIOUS, EDUCATIONAL PURPOSES UNDER SECTION 501 (C)(3) OF THE IRS CODE
(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: AUDREY MITCHELL

Office Address: 2300 NORTH SHERMAN CIRCLE APT. 202
MIRAMAR, Florida 33025
(City) (Zip Code)

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.

A. Mitchell

(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.

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TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: OKECHUKWU UGWU
6355 Windy Ridge Way
Address: LITHONIA, GA 30058

Vice Chairman: _____
Address: _____

Director: LAMONT TUCKER
601 COBBLESTONE LN,
Address: STONE MOUNTAIN, GA 30087

Director: DONNA WALTERS
800 WYNBROOK Dr,
Address: STONE MOUNTAIN, GA 30087

B. OFFICERS

President: OKECHUKWU UGWU
6355 Windy Ridge Way
Address: LITHONIA, GA 30058

Vice President: _____
Address: _____

Secretary: DONNA WALTERS
800 WYNBROOK Dr, STONE MOUNTAIN, GA 30087
Address: _____

Treasurer: LAMONT TUCKER
601 COBBLESTONE LN, STONE MOUNTAIN, GA 30087
Address: _____

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

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

14. OKECHUKWU UGWU Chairman / General Overseer
(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

CERTIFICATE OF EXISTENCE

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

REDEEMED PILGRIMS MINISTRIES INTERNATIONAL INC.

a Domestic Nonprofit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below 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.

| | |
|---------------------|--------------|
| Docket Number | : 12243059 |
| Date Inc/Auth/Filed | : 12/19/2006 |
| Jurisdiction | : Georgia |
| Print Date | : 12/19/2015 |
| Form Number | : 211 |



B. P. Kemp

Brian P. Kemp
Secretary of State