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K.SALY EXAMINER FEB 11





January 13, 2016

JOSE LUIS CRUZ CENTER INTERNATIONAL OF CHAPLAINS COMM. 649 W. SIXTH ST. #B TUSTIN, CA 92780

SUBJECT: CENTER INTERNATIONAL OF CHAPLAINS COMMUNITIES

MAHANAIM CORPORATION Ref. Number: W16000002025

We have received your document for CENTER INTERNATIONAL OF CHAPLAINS COMMUNITIES MAHANAIM 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 716A00000831

COVER LETTER

10:	Registration Division of	Section Corporations					
SUBJ	ECT. CENTE	R INTERNATIONAL OF CHA	PLAINS COM	MUNITIES MA	HANAIM		
ЗОВ	ECT	Name of Corporat	ion – must in	clude suffix			
Dear S	Sir or Madam:						
Affairs	s in Florida", "(eation by Foreign Not for Pro Certificate of Existence", or " erenced not for profit corpora	Certificate of	f Status" and cl	neck are submitted to		
Please	return all corre	espondence concerning this n	natter to the fo	ollowing:			
	JOSE	LUIS CRUZ					
		Name	of Person				
	CENTER INTERNATIONAL OF CHAPLAINS COMMUNITIES MAHANAI: Firm/Company						
	649 W. Sixth St #B						
		A		· .			
	Tustin	Ca 92780					
		City/State	and Zip Code	;			
presidente@cideccomahanaim.org							
	E-mail address: (to be used for future annual report notification)						
For fur	ther information	on concerning this matter, ple	ase call:				
José L	uis Cruz	at	714	307-4516			
	Name	e of Person	Area Code	Daytime Te	lephone 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 Tallahassec, FL 32301			
Enclos	ed is a check fo	or the following amount:					
= \$70	0.00 Filing Fee	□\$78.75 Filing Fee & Certificate of Status		Filing Fee & ed 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:

	ailable in Florida, enter alternate co	rporate name adopted for the purpose of transacting b	ousiness in Florida)		
TEXAS		3. 81670974			
	ntry under the law of which it is inc	orporated) (FEI number, if applicab	le)		
10/152012		5. Perpetual			
(I	Date of Incorporation)	(Date of duration, if other than perpetual)			
Data first cond	noted affairs in Florida if prior to rea	istration. See sections 617.1501 & 617.1502, F.S, to de	tarmina novalty liability		
			nermine penalty tlaintity.		
3191 Medical	Center Dr. Apto. 40203 Mckinney	Texas 75069			
		(Principal office address)	_		
649 W. Sixth !	St #B Tustin Ca 92780		2016 FEB		
	(Cur	rent mailing address, if different)	क्रिकेट ली		
			TC 00		
CHRISTIA	AN TINIVERSITU		<u> </u>		
Purpose(s) of	corporation authorized in home stat	e or country to be carried out in the state of Florida)			
· · · · · · · · · · · · · · · · · · ·	and a state of the	L (DO D NOT (11)	हिंद्ध ल े		
Name and str	eet address of Florida registered	agent: (P.O. Box NOT acceptable)			
	Lemuel Rodriguez		·•••		
Name:					
ice Address:			_		
	Pembroke Pines	, Florida 33027 (Zip Code			
	(City)		·		

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 José Luis Cruz 649 W. Sixth St #B Tustin Ca 92780 Address: Yolanda Gonzales Vice Chairman: 2000 Stone Road Balsat Co 81621 **Enrique Brito** 8132 Opàl CR A Huntington Beach CA 92647 Carlos Peña Director: 3191 Medical Center Dr Apt. 40203 Mckinney Tx 75069 **B.** OFFICERS President: _____ 649 W. Sixth St #B Tustin Ca 92780 Address: Yolanda Gonzales Vice President: 2000 Stone Road Balsat Co 81621 Address: Enrique Brito Secretary: 8132 Opàl CR A Huntington Beach CA 92647 Carlos Peña Treasurer: 3191 Medical Center Dr Apt. 40203 Mckinney Tx 75069 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Jose Luis Cruz (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697

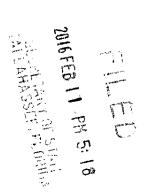


Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for CENTER INTERNATIONAL OF CHAPLAINS COMMUNITIES "MAHANAIM" (file number 801670974), a Domestic Nonprofit Corporation, was filed in this office on October 15, 2012.

It is further certified that the entity status in Texas is in existence.



In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 03, 2016.



Phone: (512) 463-5555

Prepared by: Victoria Castillo

Carlos H. Cascos Secretary of State