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#### **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: GLOBAL FAMILY OUTREACH MINISTRY, 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:
DOUGLAS   Mani SIEB Name of Person
DOUGLAS M. SIEB, PA Firm/Company
2191 Ringling Boulevard Address
Sarasota, FL 34237  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
DOUGLAS M. SIEB at (941 ) 366-8855  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  □\$78.75 Filing Fee & □\$78.75 Filing Fee & □\$78.75 Filing Fee & Certified Copy  □\$78.75 Filing Fee &

### 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:

(If name unavai	ilable in Florida, enter alternate c	corporate name ado	opted for the purpose o	f transacting busi	ness in Florida)	
2 NEW V	UDK	3	26-1419067			
(State or coun	ORK try under the law of which it is in	corporated)		er, if applicable)		
4. <u>Decem</u>	ber 5, 2007 ate of Incorporation)	5				
(D	ate of Incorporation)		(Date of duration	on, if other than p	perpetual)	
6.						
(Date first condu	cted affairs in Florida if prior to re	gistration. See sect	ions 617.1501 & 617.1.	502, F.S, to deteri	mine penalty liabilit	y.)
7 87 Ge	nesee Street, Attica,					
		(Principal office	e address)			
	(Cu	irrent mailing addr	ess, if different)		<del></del>	
M - 1 - 1 - 2	comfort and healing to	o fomilias	through the Hol	ly Snirit a	nd through th	ne spreadi:
of God's 8.	Word. The organization or the component of the component	o lamilies, on travels w	orld wide and f	undraising	activities a	re*
(Purpose(s) of co	orporation authorized in home sta	ate or country to be	e carried out in the state	e of Florida)	n the Phillip	stace
		and Canada	to find feeding	LEULEID I		otnes.
						otnes.
	et address of Florida registere					ornes.
9. Name and stree	<u>et address</u> of Florida registere					otues.
9. Name and <u>stree</u> Name: _	et address of Florida registere Paul Waldmiller	ed agent: (P.O. B	ox <u>NOT</u> acceptable)	SETARY O		otnes.
9. Name and <u>stree</u> Name: _	<u>et address</u> of Florida registere	ed agent: (P.O. B	ox <u>NOT</u> acceptable)	RETARY OF ST		ornes.
9. Name and <u>stree</u> Name: _	et address of Florida registere Paul Waldmiller 450 34th Avenue Dri	ed agent: (P.O. B	ox <u>NOT</u> acceptable)	RETARY OF STATE		olues.
9. Name and <u>stree</u> Name: _	et address of Florida registere Paul Waldmiller 450 34th Avenue Dri	ed agent: (P.O. B	ox <u>NOT</u> acceptable)	RETARY OF ST		olues.
9. Name and <u>stree</u> Name: _  Office Address: _  -	et address of Florida registere  Paul Waldmiller  450 34th Avenue Dri  Bradeton  (City)	ed agent: (P.O. B	ox <u>NOT</u> acceptable)	RETARY OF STATE		otnes.
9. Name and <u>stree</u> Name: _  Office Address: _  -  10. <b>Registered</b> a	et address of Florida registere  Paul Waldmiller  450 34th Avenue Dri  Bradeton  (City)  agent's acceptance: med as registered agent and to	ve East , I	ox <u>NOT</u> acceptable)  Florida 34208	CZip Code	P 2: 3	l <b>n</b> ce
9. Name and stree  Name: _  Office Address: _  10. Registered and a signated in this	et address of Florida registere  Paul Waldmiller  450 34th Avenue Dri  Bradeton  (City)  agent's acceptance: med as registered agent and to a supplication. I hereby acceptances	ve East  o accept service	ox <u>NOT</u> acceptable)  Florida 34208  of process for the all the registered agents	Cip Code)	poration at the pract in this capaci	lace
9. Name and stree  Name: _  Office Address: _  10. Registered and a signated in this	et address of Florida registere  Paul Waldmiller  450 34th Avenue Dri  Bradeton  (City)  agent's acceptance: med as registered agent and to a supplication. I hereby acceptances	ve East  o accept service	ox <u>NOT</u> acceptable)  Florida 34208  of process for the all the registered agents	Cip Code)	poration at the pract in this capaci	lace
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9. Name and streen Name: _ Office Address: _  10. Registered a Having been nandesignated in this further agree to a duties, and I am  11. Attached is a	Paul Waldmiller  450 34th Avenue Dri  Bradeton  (City)  agent's acceptance: ned as registered agent and to a sapplication, I hereby acceptance comply with the provisions of familiar with and accept the certificate of existence duty and the same acceptance of the same acceptance.	ve East  o accept service the appointment all statutes rela obligations of m	ox NOT acceptable)  Florida 34208  of process for the almost as registered agentive to the proper and position as registered agentical agents.	(Zip Code)  cove stated corpt and agree to a complete per red agent.	poration at the pract in this capaciformance of my	lace ity. I
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#### 12. Names and addresses of officers and/or directors

#### A. DIRECTORS

Chairman:	Paul Waldmiller	
Address:	450 34th Avenue Drive East	
	Bradenton, FL 34208	
Vice Chairma	nn:	
Director:	Jorlyn Waldmiller	
Address:	450 34th Avenue Drive East	
	Bradenton, FL 34208	
Director:	1	
	,	,
		Harrison Carrison
B. OFFICI	ERS	
President:	Paul Waldmiller	2 7 338
	450 34th Avenue Drive East	واستنسب ل ا بسد
	Bradenton, FL 34208	<b>≅≦ ω</b> }
Vice Presiden	ıt:	
Secretary:	Jorlyn Waldmiller	
Address:	34th Avenue Drive East, Bradenton, FL 34208	3
Treasurer:	Dale_Kepner	
Address:	73 Woodview Drive, Orchard Park, NY 14127	
NOTE: If no	ecessary, you may attach an addendum to the application listing addi	tional officers and/or directors.
13	Signature of Chairman, or any officer listed in numb	er 12 of the application)
14.	Paul Waldmiller	** *** /
	(Typed or printed name and capacity of person signing a	application)

## State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of GLOBAL FAMILY OUTREACH MINISTRY, INC. was filed on 12/05/2007, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 03rd day of February two thousand and sixteen.

Executive Deputy Secretary of State

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