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MAY 17 2016
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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: THE NATURE LIFE FOUNDATION 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 Good Standing" 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:

GENE CIPRIANO
Name of Person

THE NATURE LIFE FOUNDATION INC.
Firm/Company

FLORIDA OFFICE: 200 E. DEL MONTE AVE
Address

CLEWISTON, FLORIDA, 33440
City/State and Zip Code

JOS006622@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GENE CIPRIANO at (863) 902-0662
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
New Filing 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. THE NATURE LIFE FOUNDATION 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.)

2. ARIZONA

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

3. 81-1993468

(FEI number, if applicable)

4. 3-24-2016

(Date of Incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. NO BUSINESS CONDUCTED YET

(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 5350 WEST BELL ROAD SUITE C-122#121 85308 GLENDALE ARIZONA

(Principal office address)

4849 S. CLASSICAL BLVD. DELRAY BEACH, FLA. 33445

(Current mailing address)

8. CHARITY

(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: GENE CIPRIANO

Office Address: 200 E. DEL MONTE AVE

CLEWISTON

(City)

Florida 33440

(Zip Code)

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TALLAHASSEE, FLORIDA

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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.

Gene Cipriano

(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: JOSE L. RODRIGUEZ

Address: 4849 S. CLASSICAL BLVD
DEL RAY BEACH, FLORIDA 33445

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: JOSE L. RODRIGUEZ

Address: 4849 S CLASSICAL BLVD.
DEL RAY BEACH, FLORIDA 33445

Vice President: _____

Address: _____

Secretary: GENE CIPRIANO

Address: 200 E. DEL MONTE AVE - CLEWISTON, FLA. 33440

Treasurer: _____

Address: _____

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

13. Gene Cipriano, SECRETARY
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. GENE CIPRIANO, SECRETARY, INCORPORATOR
(Typed or printed name and capacity of person signing application)

STATE OF ARIZONA



Office of the
CORPORATION COMMISSION
CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greetings:

I, Ernest G. Johnson, Executive Director of the Arizona Corporation Commission, do hereby certify that:

***** THE NATURE LIFE FOUNDATION INC. *****

a corporate sole organized under the laws of the State of Arizona,
did incorporate on March 24th 2016.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said Corporation is not administratively dissolved for failure to comply with The provisions of the Arizona Nonprofit Corporation Act; and that its most recent Annual Report, Subject to the provisions of A.R.S. Sections 10-3122, 10-3123, 10-3125, & 10-11622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not Filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above Named entity as of the date of issue. This certificate is not to be Construed as an endorsement, recommendation, or notice of approval of the Entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 24th day of April, 2016, A.D.



EG
Executive Director

By: *[Signature]*