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| /A.d. | dress) | |
| (Adi | uiess) | |
| (City | y/State/Zip/Phone | e #) |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to F | Filing Officer: | |
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Office Use Only



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MAY 17 2016 S. YOUNG

COVER LETTER

| TO: | Registration Section Division of Corporations | |
|-------------|--|-------------|
| SUBJ | ECT: The Children Are Our Future | |
| | Name of Corporation – must include suffix | |
| Dear S | Sir or Madam: | |
| Affairs | nclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its s in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to er the above referenced not for profit corporation to conduct its affairs in Florida. | |
| Please | return all correspondence concerning this matter to the following: | |
| | Dana Lung | =10 |
| | Name of Person | FEG |
| | The Children Are Our Future Firm/Company | 芸艺工 |
| | Firm/Company O | - 388-Y |
| | 8588 Starkey Rd. Suite E | |
| | Suite E | 2 3. |
| | Address | |
| | Seminole, Florida 33777 | |
| | City/State and Zip Code | |
| | Dmlung@LifeAdventuresCC.org | |
| | E-mail address: (to be used for future annual report notification) | |
| For fur | rther information concerning this matter, please call: | |
| Maurie | e Lung 727 481-4577 at () | |
| | 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 | |
| Enclos | sed is a check for the following amount: | |
| 57 0 | 0.00 Filing Fee | ıs & |

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:

| Name Maniford | 85-0409005 | ting business in Ftorida) |
|-----------------|--|------------------------------------|
| New Mexico | ntry under the law of which it is incorporated) (FEI number, if app | P-11 |
| April 11th, 199 | onry under the law of which it is incorporated) (FEI number, if apprention) 5. (Date of duration, if oth | officable) |
| (I | Date of Incorporation) (Date of duration, if oth | ier than perpetual) |
| | ducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. | |
| | | , to determine penalty liability.) |
| 5 Shannon CT | , Santa Fe, New Mexico 87508 | · · · |
| | (Principal office address) | |
| | | |
| | (Current mailing address, if different) | <u>ත</u> |
| Leadership De | evelopment and mental health counseling corporation authorized in home state or country to be carried out in the state of Flor | |
| (Purpose(s) of | corporation authorized in home state or country to be carried out in the state of Flor | |
| Name and str | reet address of Florida registered agent: (P.O. Box NOT acceptable) | PH -: 34 |
| 3.7 | Dana M Lung | |
| Name: | 8588 Starkey Rd. | —— |
| ffice Address: | Seminole , Florida 33777 (City) (Zip o | |
| | (City), Florida (Zip) | Code |
| | (City) (Zip) | Codes |

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 Terry Nail Williams Chairman: 232 Walk Circle, Santa Cruz, CA 95060 Lucinda Green Vice Chairman: 8105 SE 169th, Tweedside Loop, The Villages, FL 32162 Address: Robin White Director: 10693 Timothys Rd., Conifer, CO 80433 Address: Director: Address: **B. OFFICERS** Terry Nail Williams President: Address: 232 Walk Circle, Santa Cruz, 95060 Lucinda Green Vice President: 8105 SE 169th, Tweedside Loop, The Villages, FL 32162 Robin White Secretary: 10693 Timothys Rd., Conifer, CO 80433 Address: Robin White 10693 Timothys Rd., Conifer, CO 80433 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Terry Nail Williams (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Terry Nail Williams President and Chairman

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

OFFICE OF THE SECRETARY OF STATE NEW MEXICO

Certificate of Good Standing and Compliance

IT IS HEREBY CERTIFIED THAT:

THE CHILDREN ARE OUR FUTURE 1663657

the above named entity, a Corporation incorporated under the laws of New Mexico, is duly authorized to transact business in New Mexico as a Domestic Nonprofit Corporation, under the

Nonprofit Corporation Act

53-8-1 to 53-8-99 NMSA 1978

having filed its Articles of Incorporation on April 11, 1994, and Certificate of Incorporation issued as of said date.

It is further certified that the fees due to the Office of the Secretary of State which have been assessed against the above named entity have been paid to date and the entity is in good standing and duly authorized to transact business as its existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

Certificate Issued: May 5, 2016

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the City of Santa Fe, and the seal of said office to be affixed hereto.

Brad Winter Secretary of State



Certificate Validation #: 0000080

A certificate issued electronically from the New Mexico Secretary of State's office is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Validation option on the Business Filing System at https://portal.sos.state.nm.us/bfs/online and following the Instructions displayed under Certificate Validation.