

F16000002669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

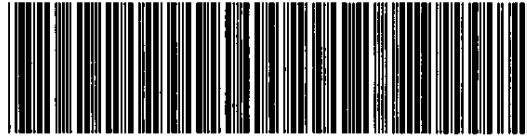
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300286561863

06/07/16--01015--019 \*\*87.50

FILED  
16 JUN -7 PM 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 14 2016

Y SULKER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Worship To Live, 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:

Jacarada Austin  
Name of Person

Worship To Live, Inc  
Firm/Company

5529 Fenway Drive  
Address

Charlotte, NC 28273  
City/State and Zip Code

Worship to live 2012@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jacarada Austin at (704) 201-2722 / 704-803-5427  
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 & 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. Worship To Live 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.)

Worship To Live Youth Conference  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. North Carolina 3. 81-2117681  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 6, 2016 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. 5529 Fenway Drive / Charlotte, NC 28273  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Youth conference / empowerment  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

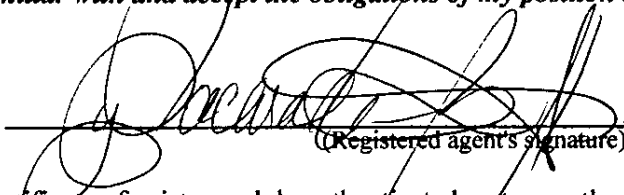
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Jacarada Austin  
Office Address: 3666 E. Highway 70  
Okeechobee, Florida 34972  
(City) (Zip Code)

FILED  
16 JUN -7 PM 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.*

  
(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: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: April Sawyer

Address: 10075 Revolution Court Apt. D  
Charlotte, NC 28262

Director: Angela Purvis

Address: 12903 Lake Erie  
Charlotte, NC 28273

**B. OFFICERS**

President: Robert L. Banks Jr.

Address: 1274 SW Bellevue  
Port St. Lucie, FL 34953

Vice President: Robin Austin

Address: 5599 Fernway Drive  
Charlotte NC 28273

Secretary: Shameka Howard

Address: 8725 Mitchell

Treasurer: Tammie Attaway

Address: 1931 Alamanda Way / West Palm Beach, FL

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

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

14. Robin Austin / Vice President  
(Typed or printed name and capacity of person signing application)

FILED  
16 JUN - 7 PM 4:33  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA



# Certificate of Exemption

R. 04/16  
Rule 12A-1.097  
Florida Administrative Code  
Effective 04/16

Mail with Supporting Documentation to:  
Account Management-Exemptions  
Florida Department of Revenue  
PO Box 6480  
Tallahassee FL 32314-6480

Exemption category for which you are applying (check only one):

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> 501(c)(3) Organization      | <input type="checkbox"/> Parent-Teacher Organization or Association          |
| <input type="checkbox"/> Community Cemetery                     | <input type="checkbox"/> Political Subdivision                               |
| <input type="checkbox"/> Credit Union                           | <input type="checkbox"/> Religious Institution - physical place for worship  |
| <input type="checkbox"/> Fair Association                       | <input type="checkbox"/> Religious Institution - transportation provider     |
| <input type="checkbox"/> Florida Retired Educators Association  | <input type="checkbox"/> Religious Institution - governing or administrative |
| <input type="checkbox"/> Library Cooperative                    | <input type="checkbox"/> School, College, or University                      |
| <input type="checkbox"/> Nonprofit Cooperative Hospital Laundry | <input type="checkbox"/> Veterans' Organization                              |
| <input type="checkbox"/> Nonprofit Water System                 | <input type="checkbox"/> Volunteer Fire Department                           |
| <input type="checkbox"/> Organization Benefiting Minors         |  |

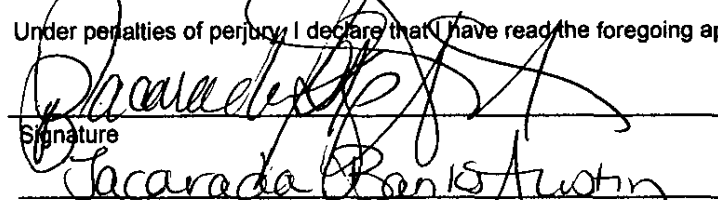
Legal Name of Organization or Political Subdivision <b>Worship To Live, Inc.</b>		Federal Employer Identification Number (FEIN)
Street <b>5529 Fenway Drive</b>		Business Phone <b>704-201-2722</b>
City <b>Charlotte</b>	State <b>NC</b>	ZIP <b>28273</b>
Mailing Address (If different than above)		Alternate Phone <b>704-303-5427</b>
City	State	ZIP
Name of Contact Person <b>Jacarada Austin</b>		Title <b>CEO</b>
Email Address - Your email address is treated as confidential information (s. 213.053, F.S.), and is not subject to disclosure as public records (s. 119.071, F.S.). <b>WorshiptoLive2012@gmail.com</b>		
Credit Union Charter Number - If you are applying as a credit union.		

Your privacy is important to the Department. To protect your privacy, access to personal information about your organization is limited to the person who has signed this Application for a Consumer's Certificate of Exemption. To ensure that information is not provided without your consent, a written request from you is required if you wish to receive a secured email regarding this Application. If so, the Department will send information regarding this Application using its secure email software. This software will require additional steps before you can access the information. If you do not want to receive information by email, any information regarding this Application will be mailed to you.

☐ I authorize the Florida Department of Revenue to send information regarding this Application for a Consumer's Certificate of Exemption using the Department's secure email. I understand that this method requires additional steps to view the information provided.

I hereby attest that I am authorized to sign on behalf of the applicant organization described above. I further attest that, if granted, the Consumer's Certificate of Exemption will only be used in the manner authorized for this organization under s. 212.08(6), (7), or 213.12(2), F.S.

Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true.

 Signature  
**Jacarada Austin** Title  
**CEO**



# NORTH CAROLINA

## Department of the Secretary of State

### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### **WORSHIP TO LIVE, INC.**

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 6th day of May, 2016 , with its period of duration being Perpetual.

I FURTHER certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.



Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 31st day of May, 2016.

*Elaine F. Marshall*

Secretary of State