F160000033399

(Re	questor's Name)		
(Ad	dress)	<u> </u>	
(Ad	dress)		
(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Name)		
(Document Number)			
Certified Copies	·	f Status	
Special Instructions to	Filing Officer:		

Office Use Only



300288302943

07/25/16--01024--006 **78.75

16 JUL 25 PH 2: 17

JUL 2 8 2016 Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Bobby Rome Ministries 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:
Bobby Rowe Name of Person
Firm/Company
- PDBox 421
Address
Mourt Dom Fl 32756 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bobby Rowe at (407) 808-5284 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 \$\square\$\$ \$78.75 Filing Fee & □ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy

12: Names and addresses of officers and/or directors

A. DIRECTORS Chairman: Address: Vice Chairman: Address: Director:_ Director: Address: B. OFFICERS President: Babby Rowe Vice President: Address: Secretary: Rona Rouse Address: 620 Briarcliff Rd, Eustis, FL 32726 Treasurer: Rona Rowe NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) Bobby Rowe President

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

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. Bobby Rove Ministries Inc. (Name of corporation must include the word "INCORPORATED" or "CORPORATION" or words or abl	reviation	s of lik	_ e
import in language as will clearly indicate that it is a corporation instead of a natural person or partnership in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporati	if not so o on.)	contain	ed
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting bus	in e ss in F	lorida)	<u>-</u>
2. Georgia (State or country under the law of which it is incorporated) 3. 26-12 499 (FEI number, if applicable)			_
4. Date of Incorporation) 5. (Date of Incorporation) [Date of duration, if other than]	perpetual)	nia.
6. Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to deter	mine pena	alty liab	īlity.)
7. Le 20 Brian diff Rd. Fustis, FL 32726 (Principal office address)			_
Po Box 421, Mourt Dora FL 32756 (Current mailing address, if different)	, T en ,		_
8. Moved to Florida (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	LLAHA	16 JUL	_
	SEE.	25	
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	FI.	:5 ¥	
Name: Robby Rowe		-:- Co	"Marin. 3"
Name: Bobby Rowe Office Address: Lo 20 Brian Cliff Rd	خند		
Eustis , Florida 327516 (City) (Zip Code)			
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated con	poration	at the	e place
designated in this application, I hereby accept the appointment as registered agent and agree to further agree to comply with the provisions of all statutes relative to the proper and complete peduties, and I am familiar with and accept the obligations of my position as registered agent.	act in th	ils can	acitv. I
Bobby Rowe (Registered agent's signature)			
(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.

Control Number: 07040446

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

BOBBY ROWE MINISTRIES INC.

a Domestic Nonprofit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official/Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number
Date Inc/Auth/Filed

Jurisdiction
Print Date
Form Number

: 13236346 : 05/01/2007

: Georgia : 07/21/2016

:211



Brian P. Kemp Secretary of State