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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

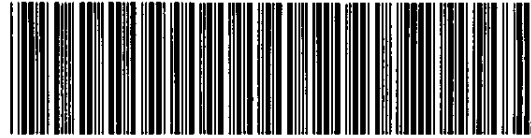
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W1612740 purpose

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2016 AUG 16 P 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

AUG 17 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2016

JOHNNY MCCRAY
1117 W. 20TH STREET
JACKSONVILLE, FL 32209

SUBJECT: FULL LIFE ORPHANAGES, INC.
Ref. Number: W16000012740

We have received your document for FULL LIFE ORPHANAGES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 816A00003550

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Full Life Orphanages, 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:

Johnny McCray
Name of Person

M & A. Professional Development
Firm/Company

Solutions, L.L.C.

1117 W. 20th St
Address

Jacksonville, Florida 32209
City/State and Zip Code

J.MCCRAY777@Ymail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Johnny McCray at (904) 310-8476
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:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. Full Life Orphanages, 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.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. _____
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. _____ 5. _____
 (Date of Incorporation) (Date of duration, if other than perpetual)

6. _____
 (Date first conducted affairs in Florida if prior to registration. See sections 617.1301 & 617.1302, F.S. to determine penalty liability.)

7. 5800 Ricken Rd, Suite 71 32244
 (Principal office address)

(Current mailing address, if different)

8. To supply a residence for children to have a high quality life
 (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

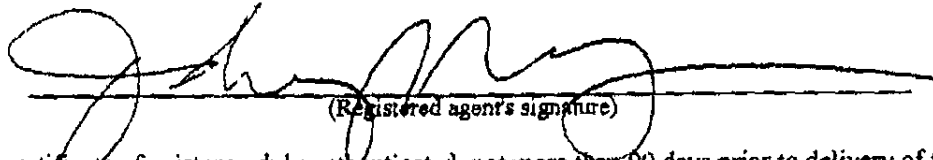
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: M4A Professional Development Solutions LLC

Office Address: 1117 W. 20th St
Jacksonville, Florida 32209
 (City) (Zip Code)

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.

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 TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Marty Barker

Address: 9651 Walton Oaks Ln

Jacksonville, FL 32221

Vice President: _____

Address: _____

Secretary: Jonathan Graham

Address: 8785 Moss Haven Rd Jax FL 32221

Treasurer: Deborah Barker

Address: 9651 Walton Oaks Ln Jax FL 32221

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

13. Marty Barker
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Marty Barker
(Typed or printed name and capacity of person signing application)

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JACKSONVILLE, FLORIDA

Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "FULL LIFE ORPHANAGES, INC." IS DULY
INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD
STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS
OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF JANUARY, A.D.

2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION
IS AN EXEMPT CORPORATION.

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.
Jeffrey W. Bullock, Secretary of State

5860828 8300C

SR# 20160200451

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 201669659

Date: 01-13-16