

F17 6 0000 3479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

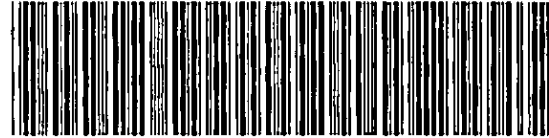
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 JUL 31 AM 7:14
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NOTARIES FLORIDA

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J SHIVERS



BAUMER-USTICA & ASSOCIATES

Administrative Support To Those In Ministry

P.O. Box 2026, Frisco, Texas 75034

Telephone (972) 335-7363

www.BaumerUstica.com

Fax (972) 335-7364

July 28, 2017

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam,

Enclosed are the following:

- 1) Cover letter.
- 2) Application by Foreign non profit corporation for authority to conducts its affairs in Florida with addendum.
- 3) Certificate of Existence from State of Incorporation.
- 4) Check in the amount of \$78.75 for filing fee and certified copy.

Sincerely,
Baumer-Ustica & Associates

Carrie Ustica

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mission Plus One, 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:

Carrie Ustica

Name of Person

Baumer-Ustica & Associates

Firm/Company

P.O. Box 2026

Address

Frisco, TX 75034

City/State and Zip Code

gtmjim@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carrie Ustica

972

335-7363

at (_____) _____
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. Mission Plus One, 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.)

MPO, Inc.

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

2. Indiana 3. 82-1143999
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/20/2017 5. perpetual
(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. 1821 Beacon Drive, Sanford, FL 32771
(Principal office address)

P.O. Box 502155, Indianapolis, Indiana 46250

(Current mailing address, if different)

8. Services provided to veterans at military & veterans hospitals, providing clothing, reading materials, music instruments, food, etc.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

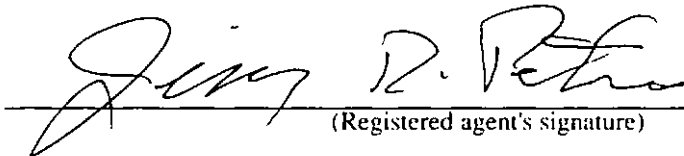
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Jim Peters

Office Address: 1821 Beacon Drive
Sanford, Florida 32771
(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.

17 JUL 31 AM 7:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: Sunny Rae Green
Address: P.O. Box 502155
Indianapolis, IN 46250

Vice Chairman: Jim Peters
Address: P.O. Box 502155
Indianapolis, IN 46250

Director: Tommy Reid
Address: 7584 Eddy Road
Colden, NY 14033

Director: Tom Waisenen
Address: 432 Pineview Street, Altamonte Springs, FL 32701

B. OFFICERS

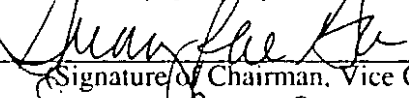
President: Sunny Rae Green
Address: P.O. Box 502155
Indianapolis, IN 46250

Vice President: Jim Peters
Address: P.O. Box 502155
Indianapolis, IN 46250

Secretary: Tom Waisenen
Address: 432 Pineview Street, Altamonte Springs, FL 32701

Treasurer: Tommy Reid
Address: 7584 Eddy Road, Colden, NY 14033

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

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

14. Sunny Rae Green, President
(Typed or printed name and capacity of person signing application)

Addendum

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT
ITS AFFAIRS IN FLORIDA**

Director

- 5) Jeff Turner
1401 Grandstaff Drive
Auburn, Indiana 46706

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

MISSION PLUS ONE, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on March 20, 2017, and was in existence or authorized to transact business in the State of Indiana on July 27, 2017.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, July 27, 2017

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

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Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>