

F18000000357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

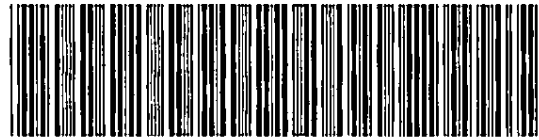
(Business Entity Name)

(Document Number)

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

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FILED  
18 JAN 23 PM 1:42  
TALLAHASSEE, FLORIDA

J. LEGGETT  
JAN 24 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SIGN FROM GOD FOUNDATION, 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:

MARK ANTONACCI, CHIEF LEGAL COUNSEL

\_\_\_\_\_  
Name of Person

SIGN FROM GOD FOUNDATION, INC.

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
122 SOUTH CENTRAL AVENUE

\_\_\_\_\_  
Address

EUREKA, MO 63025

\_\_\_\_\_  
City/State and Zip Code

antonaccilaw@aol.com

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

For further information concerning this matter, please call:

MARK ANTONACCI

at ( 636 ) 938-3708

\_\_\_\_\_  
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:*

SIGN FROM GOD FOUNDATION, INC.

1. \_\_\_\_\_  
(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. MISSOURI 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. NOVEMBER 22, 2017 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. 122 SOUTH CENTRAL AVENUE, EUREKA, MO 63025  
\_\_\_\_\_  
(Principal office address)

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

8. The corporation is organized exclusively for charitable, religious, educational, or scientific purposes.

- (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

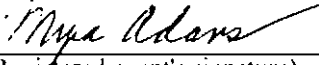
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: MYRA ADAMS

Office Address: 5100 NORTH OCEAN BOULEVARD #816  
LAUDERDALE BY THE SEA, Florida 33308  
(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**

MYRA ADAMS

President: \_\_\_\_\_

5100 NORTH OCEAN BOULEVARD #816

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

LAUDERDALE BY THE SEA, FL 33308

\_\_\_\_\_

RUSS BREault

Vice President: \_\_\_\_\_

170 STONEHAVEN DRIVE

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

FAYETTEVILLE, GA 30215

\_\_\_\_\_

DAVID ADAMS

Secretary: \_\_\_\_\_

5100 NORTH OCEAN BOULEVARD #816, LAUDERDALE BY THE SEA, FL 33308

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

RUSS BREault

Treasurer: \_\_\_\_\_

170 STONEHAVEN DRIVE, FAYETTEVILLE, GA 30215

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

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

13. \_\_\_\_\_

*Myra Adams President*

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

MYRA ADAMS, PRESIDENT

14. \_\_\_\_\_

*Myra Adams President*

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

# STATE OF MISSOURI



**John R. Ashcroft**  
**Secretary of State**

**CORPORATION DIVISION**  
**CERTIFICATE OF GOOD STANDING**

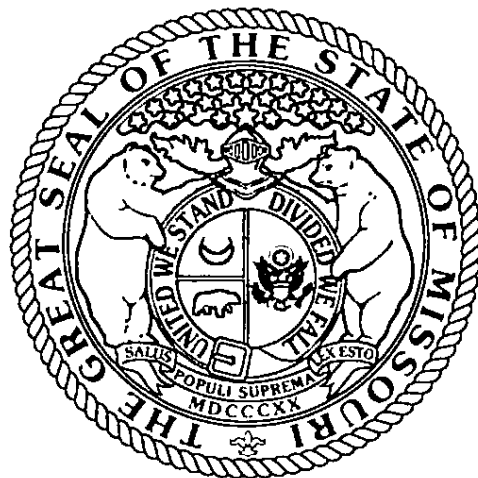
I, JOHN R. ASHCROFT, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

*Sign From God Foundation, Inc.*  
*N000706825*

was created under the laws of this State on the 22nd day of November, 2017, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 3rd day of January, 2018.

  
Secretary of State



Certification Number: CERT-01032018-0062