## F18000001639

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)	· <del></del>		
(Cil	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	e)		
(Document Number)				
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Special Instructions to Filing Officer:				
W18-29025	DBA			

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18 APR -5 PM 3:5

SIGNIFICATION STAN

K. SALY APR 9 2018

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
arını	The Nabiir	n Institute Inc. ; DBA T.W.C Ac	cademy; DBA Creative Imagina	itionz	
20R1	EC1:	Name of Corporation	n – must include suffix		
Dear S	ir or Madam:				
Affairs	s in Florida", "Cε	tion by Foreign Not for Profit ertificate of Existence", or "C enced not for profit corporati	ertificate of Status" and chec	ck are submitted to	
Please	return all corres	pondence concerning this ma	tter to the following:		
	Chloe' J	. Lyals			
		Name o	Person		
	The Nat	oiim Institute Inc.; DBA T.W.C.	Academy; DBA Creative Imag	inationz	
		Firm/C	ompany	<del></del>	
	1101 BI	uegrass Drive			
				<del></del>	
		Ado	Iress	<del></del>	
	Grovela	nd, FL 34736			
	-	City/State a	nd Zip Code	<del></del>	
	lyalscj@	gmail.com			
	E-r	mail address: (to be used for f	uture annual report notificati	on)	
For fu	rther information	concerning this matter, pleas	se call:		
Chloe	' Lyals	at (	352 461-7096		
	Name	of Person	Area Code Daytime Telep	phone Number	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Se Division of Cor Clifton Buildin 2661 Executive	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclos	sed is a check for	the following amount:	i minimosee, i L		
	0.00 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. The Nabiim I	istitute Inc.	
(Name of corpo import in langua in the name at p	ration: must include the word "INCORPORATED" or "CORPORATION" or words or ab age as will clearly indicate that it is a corporation instead of a natural person or partnershi resent. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporat	obreviations of like p if not so contained tion.)
Creative Imagin	nationz Inc.	
(If name unava	ilable in Florida, enter alternate corporate name adopted for the purpose of transacting bu	isiness in Florida)
2. Oklahoma	ntry under the law of which it is incorporated) 3. (FEI number, if applicable	
	ntry under the law of which it is incorporated) (FEI number, if applicable	2)
4. August 21, 20	5. rerpetuar	
(l	Date of Incorporation) (Date of duration, if other than	1 perpetual)
	g affairs in Florida at this time	
(Date first cond	ucted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S, to dete	ermine penalty liability.)
7 1101 Bluegras	s Drive Groveland, FL 34736	
/	(Principal office address)	<del></del>
	(Current mailing address, if different)	= 3
		語の最か
8. Education (Pri	vate School/ before and after school program) corporation authorized in home state or country to be carried out in the state of Florida)	
(Purpose(s) of	corporation authorized in home state or country to be carried out in the state of Florida)	HO WITH
9 Name and str	eet address of Florida registered agent: (P.O. Box NOT acceptable)	
, rame and <u>ya</u>	set audress of Frontal registered agent. (F.O. 1908 1101 acceptable)	핑턴 🗭
None	Chloe' i.yaıs	58 58
Name:	<del></del>	
Office Address:	1101 Bluegrass Drive	-
	Groveland , Florida 34736	
	(City) (Zip Code)	_
10 D :=-4		
10. Kegistered Having been na	agent's acceptance: imed as registered agent and to accept service of process for the above stated co	ornoration at the place
designated in th	is application, I hereby accept the appointment as registered agent and agree t	to act in this capacity.
further agree to duties, and I an	comply with the provisions of all statutes relative to the proper and complete parties to the proper and complete parties with and accept the obligations of my position as registered agent.	performance of my
	Jaminar wan and acceptance bonganons of the position as registered agent.	
	(Hebian red 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	18 FILED
A. DIRECTORS	$AP_{R} \sim 0$
Chloe' Lyals Chairman:	18 APR S PM 3:58
1101 Bluegrass Drive Address:	
Groveland, FL 34736	
Wendell Tillman Vice Chairman:	
806 SW 9th Street Address:	
Lawton,Oklahoma 73501	
Chloe' Lyals Director:	
1101 Bluegrass Drive Address:	
Groveland, FL 34736	
Wendell Tillman Director:	<del></del>
806 SW 9th Street Address:	
Lawton, Oklahoma 73501	
B. OFFICERS	
Isom Rivers President:	
2027 Winding Oaks Dr. Address:	
Orlando, Florida 32825	
Joserah Johnson Vice President:	
1214 Arbor Gates Dr. NE Address:	
Atlanta, GA 30324	
Tishwanda Lawson Secretary:	
9804 CR 235 A Wildwood, FL 34785 Address:	
Levi Solomon Treasurer:	
10101 CR 237 Oxford, FL 34484 Address:	
Community Liaison: Hope Demons Address: 9107 CR 2058, Wildwood, FL 34785	
NOTE: If necessary, you may attach an addendum to the application listing additional office	eers and/or directors.
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the	e application)
Chloe' Lyals (CHAIRMAN) (Typed or printed name and capacity of person signing application)	)



## CERTIFICATE OF GOOD STANDING <u>DOMESTIC NOT FOR PROFIT CORPORATION CHURCH</u>

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>THE NABIIM INSTITUTE INC.</u> whose registered agent is <u>WENDELL TILLMAN</u>, with its registered office at <u>321 SW CORAL AVE</u> <u>LAWTON 73505 USA</u> Oklahoma is a <u>Domestic Not For Profit Corporation Church</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>19th</u>, day of <u>January</u>, <u>2018</u>.

Secretary Of State



March 26, 2018

CHLOE J LYALS THE NABIIM INSTITUTE INC. 1101 BLUEGRASS DR. GROVELAND, FL 34736

SUBJECT: THE NAMBIIM INSTITUE INCORPORATED

Ref. Number: W18000029025

We have received your document for THE NAMBIIM INSTITUE INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

- Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.
- \* It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.
- \* The name listed in number one of the application must be identical to the name listed in the certificate of existence.

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.

Karen A Saly Regulatory Specialist II

> DEPARTMENT OF STATE DIVISION OF CORPORATE:

Letter Number: 818A00006038