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(F	Requestor's Name)	
	Address)	_
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	City/State/Zip/Phone #)	
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((Business Entity Name)	
(1	Document Number)	_
Certified Copies	Certificates of Status	_
Special Instructions	to Filing Officer:	
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N. CAUSSEAUX JAN 1 0 2019



Fax: 918.491.6297

December 19, 2018

REGISTRATION SECTION **DIVISION OF CORPORATIONS** PO BOX 6327 TALLAHASSEE, FL 32314

> RE: Application by Foreign Not for Profit Corporation for Authorization to Conduct

its Affairs in Florida

Dear Sir or Madam:

Enclosed you will find duplicate original copies of the Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida for LENKESON GLOBAL UNIVERSITY., a Certificate of Good Standing and a check for \$78.75 for the cost of filing.

Please review this document and if it meets with your approval, file the same and return a copy to my office, conformed as of the date of filing.

If you have any questions, please do not hesitate to contact me or my assistant, Iyanu Lipede.

Kindest regards,

WRC:iol

Enclosures

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LENKESON GLOBAL UNIVERSITY, 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:	
WESLEY R. CARTER	
Name of Person	
WINTERS & KING, INC.	
Firm/Company	
2448 E 81ST STREET SUITE 5900	
Address	
TULSA, OK 74137	
City/State and Zip Code	
ilípede@wintersking.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
WESLEY R. CARTER 918 494-6868 at ()	
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:	
S70.00 Filing Fee S78.75 Filing Fee & Certificate of Status Certified Copy S87.50 Filing Fee 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:

Name of corner	LOBAL UNIVERSITY, INC.		
mmort in languas	ation: must include the word "INCORPORAT	TED" or "CORPORATION" or words or abbreviation on instead of a natural person or partnership if not sees a corporate suffix by a nonprofit corporation.)	ns of like
(If name unavai	lable in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting business in	Florida
VIRGINIA	<u>.</u>	3. (FEI number, if applicable)	- 10: 09
			ب ي
3/22/2013	<u>.</u>	5. (Date of duration, if other than perpetus	Ó
(D.	ate of Incorporation)	(Date of duration, if other than perpetua	al)
Date first condu	cted affairs in Florida if prior to registration. Se	ve sections 617.1501 & 617.1502, F.S. to determine pe	nalty liability.)
810 BELMON	FBAY DR, WOODBRIDGE, VA 22191		
	(Principal	office address)	
	(Current maning	g address, if different)	
RELIGIOUS E	DUCATION		
RELIGIOUS E	DUCATION orporation authorized in home state or country	y to be carried out in the state of Florida)	
(Purpose(s) of c	orporation authorized in home state or country		
(Purpose(s) of c	DUCATION orporation authorized in home state or country et address of Florida registered agent: (P		
(Purpose(s) of constant Name and stre	orporation authorized in home state or countreet address of Florida registered agent: (P	O. Box <u>NOT</u> acceptable)	
(Purpose(s) of control Name and Streen Name:	orporation authorized in home state or countre et address of Florida registered agent: (P GINIA SHEENA STEPHENSON REMY	O. Box <u>NOT</u> acceptable)	
(Purpose(s) of continuous Name and Street Name: Tice Address:	orporation authorized in home state or countret address of Florida registered agent: (P GINIA SHEENA STEPHENSON REMY 11326 BRONSON RD	,O, Box <u>NOT</u> acceptable)	
Name and <u>stre</u> Name: Olice Address:	orporation authorized in home state or countret address of Florida registered agent: (P GINIA SHEENA STEPHENSON REMY 11326 BRONSON RD	O. Box <u>NOT</u> acceptable)	
(Purpose(s) of control Name and Streems Name: Tice Address:	orporation authorized in home state or countret address of Florida registered agent: (P GINIA SHEENA STEPHENSON REMY 11326 BRONSON RD	,O, Box <u>NOT</u> acceptable)	
Name and stre Name: Name: Tice Address:	orporation authorized in home state or countret address of Florida registered agent: (P GINIA SHEENA STEPHENSON REMY 11326 BRONSON RD CLERMONT (City) agent's acceptance:	.O. Box <u>NOT</u> acceptable) Florida 34711	
Name and stre Name: Name: Tice Address: O. Registered aving been naissignated in the	et address of Florida registered agent: (P GINIA SHEENA STEPHENSON REMY 11326 BRONSON RD CLERMONT (City) agent's acceptance: med as registered agent and to accept se	,O, Box <u>NOT</u> acceptable)	this capacity.
Name and stre Name: Name: Tice Address: O. Registered aving been naissignated in the	et address of Florida registered agent: (P GINIA SHEENA STEPHENSON REMY 11326 BRONSON RD CLERMONT (City) agent's acceptance: med as registered agent and to accept se	.O. Box <u>NOT</u> acceptable) Florida 34711 (Zip Code) ervice of process for the above stated corporation of the stat	this capacity.

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 A. DIRECTORS PLEASE SEE ATTACHED Address: Vice Chairman: Address: Director: B. OFFICERS President: KENEL STEVENSON 8310 PIGEON FORK LANE, LAUREL, MD 20724 Vice President: Address: **DONYA STEWART** Secretary: 2645 S. SHIELDS STREET, PHILADELPHIA, PA 19142

NOTE: It necessary, you may a part 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)

KENEL STEVENSON

DAVID DUREN -

2105 WESTMINISTER LANE, STALLINGS, NC 28104

Treasurer:

Address:

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

ATTACHEMENT TO APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA FOR LENKESON GLOBAL UNIVERSITY, INC.

12. Names and addresses of officers and/or directors

A. DIRECTORS

Director: KENEL STEVENSON

Address: 8310 PIGEON FORK LANE, LAUREL, MD 20724

Director: DAVID DUREN

Address:2105 WESTMINISTER LANE, STALLINGS, NC 28104

Director:STUART LAWRENCE

Address:810 BELMONT BAY DRIVE, WOODBRIDGE, VA 22191

Director:GEORGE RUCKER

Address: 12 HARVARD TERRACE, GALES FERRY, CT 06335

Director:REGINALD SPEARS

Address: 11220 DULIN CREEK BLVD, CHARLOTTE, NC 28215

Common brealth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That LENKESON GLOBAL UNIVERSITY, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is March 22, 2013;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

ORATION CONTRIBUTION CONTRIBUTI

Signed and Sealed at Richmond on this Date: November 28, 2018

Joel H. Peck, Clerk of the Commission

ISECOM ocument Control Number: 1811285523