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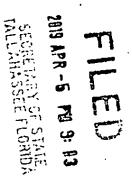
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
W19-28984				

Office Use Only



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BRUCE APR 0 8 2019



KINGDOM EXPEDITIONS

NON-PROFIT CORPORATION

April 2, 2019

Florida Department of State Division of Corporations Attention: Deborah Bruce P.O. Box 6327 Tallahassee, FL 32314

RE: Letter #119A00005800

Dear Ms. Bruce,

Enclosed you will find our Application returned including the appropriate indication of Non-profit Corporation.

Sincerely,

D. Parker Samelson

DParker Samulson / gc

Enclosures

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 25, 2019

PARKER SAMELSON 2 N. CASCADE AVE., SUITE 590 COLORADO SPRINGS, CO 80903

SUBJECT: KINGDOM EXPEDITIONS

Ref. Number: W19000028984

We have received your document for KINGDOM EXPEDITIONS and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6842.

Deborah Bruce Corporate Records Supervisor II

Letter Number: 119A00005800

2019 APR - 5 Fg 9: 83

COVER LETTER

	tegistration Section Division of Corporations			
SUBJEC	CT: KINGDOM EXPEDITIONS			
S C BOIN	Name of Corporation	on – must include suffix		
Dear Sir	or Madam:			
Affairs in	osed "Application by Foreign Not for Profi a Florida", "Certificate of Existence", or "C ne above referenced not for profit corporati	Certificate of Status" and che	eck are submitted to	
Please ret	turn all correspondence concerning this ma	atter to the following:		
	PARKER SAMELSON			
	Name o	of Person		
	KINGDOM EXPEDITIONS			
	2 N. CASCADE AVE., SUITE 590		2019 APR SECRETALLARI	,
			7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	-
	Add	dress	——— \$55g -5 [
	COLORADO SPRINGS, COLORADO 80903		mic 3	
	City/State a	and Zip Code		:
	PARKER.SAMELSON@GMAIL.COM	1	<u> </u>	
	E-mail address: (to be used for	future annual report notifica	ation)	
For furthe	er information concerning this matter, pleas	se call:		
JEANNII		719 540-5800		
	Name of Person at (Area Code Daytime Tel	ephone Number	
R D P	MAILING ADDRESS: degistration Section Division of Corporations O. Box 6327 Callahassee, FL 32314	Registration S Division of Co Clifton Buildi	orporations ng ve Center Circle	
Please mal	is a check for the following amount: ke check payable to: FLORIDA DEPARTME 00 Filing Fee \$\sum_{\text{S}}\$78.75 Filing Fee & Certificate of Status	ENT OF STATE \$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:

I. KINGDOM E	XPEDITIONS	CORPORATION		
(Name of corpor import in langua in the name at pr	ration: must include the word "lige as will clearly indicate that it resent. "Company" or "Co." may	NCORPORATED" or "CORPORATION" or words or abbreviation to be used as a corporate suffix by a nonprofit corporation.)	ns of like contained	l
/If name unava	ilable in Florida, enter alternate	corporate name adopted for the purpose of transacting business in	Florida)	
2. COLORADO		incorporated) 3 83-3495956 (FEI number, if applicable)		
(State or cour	ntry under the law of which it is	incorporated) (FEI number, if applicable)		
4. 02/08/19		5. (Data of duration if other than perpetu	<u>al) </u>	
(L	Date of Incorporation)	5. (Date of duration, if other than perpetu	,	
6.	and office in Planda if prior to	registration. See sections 617.1501 & 617.1502, F.S. to determine pe	nalty liabil	íty.)
7. 2 N. CASCAE	E AVENUE SUITE 590	(Principal office street address)	 -	
		(Principal Office Street address)		
		Σ	<u> </u>	
<u> </u>		Current mailing address, if different)		-37
		, , , , , , , , , , , , , , , , , , ,	AP Z	-
8. LEADS TRAI	NSFORMATIONAL, CHRIST-	CENTERED EXPEDITIONS FOR YOUNG ADULTS	<u> </u>	
(Purpose(s) of	corporation authorized in home	state or country to be carried out in the state of Florida)	· · · —	
9. Name and str	reet address of Florida registe	ered agent: (P.O. Box <u>NOT</u> acceptable)	T S E	بسعج
			(1) (TEE)	, enfiltrar,
Name:	SETH SCHMIDT		္မႈေမ	
Office Address	8811 DUNES CT., APT. 6-10	3>		
	KISSIMMEE	. Florida 34747 (Zip Code)		
	(City)	(Zip Code)		
	1			
	d agent's acceptance: amed as registered agent an	d to accept service of process for the above stated corporate	on at the	place .
designated in t	his application, I hereby acc	of all statutes relative to the proper and complete perform	ance of n	icuy. 1 iy duties
and I am famil	liar with and accept the oblig	gations of my position as registered agent.		
	d. A.	s Schnidt		
		(Registered agent's signature)		
		Level anticond not more than 90 days prior to delivery of	this applic	ation to
the Denart	s a certificate of existence du tment of State, by the Secreta n under the law of which it is	lly authenticated, not more than 90 days prior to delivery of ary of State or other official having custody of corporate recost incorporated.	ords in the	

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTOI	RS D. BARWER CAMELOON			
□Chairman	Name: D. PARKER SAMELSON	. □Chairman	Name:	
□Vice Chairman	Address: 2 N CASCADE AVE.,	□Vice Chairman	Address:	
□Director	SUITE 590	□Director		
■President	COLORADO SPRINGS	□President		
□Vice President	CO 80903	□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other:	□ Other:	□ Other:		☐ Other:
□Chairman	Name: JEANNIE COX	□Chairman	Name:	
□Vice Chairman	Address: 2 N CASCADE AVE	□Vice Chairman		
■Director	SUITE 590	□Director		
□President	COLORADO SPRINGS	□President		
□Vice President	CO 80903	□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other:	Other:	Other:		□ Other: 🔀 🔼
□Chairman □Vice Chairman	Name: LINDA SAMELSON Address: 2 N CASCADE AVE., SUITE 590	□Chairman □Vice Chairman	Name:	وي در ا
■Director	COLORADO SPRINGS	□Director		
□President		□President		
□Vice President	CO 80903	□Vice President		
□Secretary	□Treasurer	□Secretary		□Treasurer
□Other:	□ Other:	Other:		Other:
Non-indexed indiv	t Notice: Use an attachment to report more the siduals may be added to the index when filing the siduals may be added to the index when filing the siduals may be added to the index when filing the siduals may be added to the index when filing the siduals may be added to the index when siduals are siduals as a sidual siduals are siduals. SAMELSON	g your Florida Department o	of State Annua	l Report form.

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

and the second of the second o

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

1, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Kingdom Expeditions

is a

Nonprofit Corporation

formed or registered on 02/08/2019 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20191120515.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 02/27/2019 that have been posted, and by documents delivered to this office electronically through 02/28/2019 @ 13:17:08.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 02/28/2019 @ 13:17:08 in accordance with applicable law. This certificate is assigned Confirmation Number 11421912 .



Secretary of State of the State of Colorado

Notice. A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http. www.sov state.co.us hiz Certificate/SearchCriteria.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http. www.sov.state.co.us/click "Businesses, trudemarks, trade names" and select "Frequently Asked Questions."