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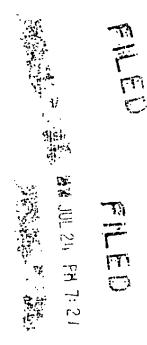
Special Instructions to Filing Officer: WY 9 00005410 440	(Requestor's Name)					
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Address)					
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July 10, 2019

DONNY SPANO 2318 125TH DR E PARRISH, FL 34219 US

SUBJECT: SPANO MINISTRIES INTERNATIONAL INCORPORATED

Ref. Number: W19000059640

We have received your document for SPANO MINISTRIES INTERNATIONAL 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Zakiya M Brown Regulatory Specialist II

Letter Number: 619A00013938

COVER LETTER

TO:	Division of Corporations								
SUBJE	ECT:_	Span	o Minist	ries Into	ernationa on – must inc	U Incor	porated		
Dear Si	r or Ma	dam:							
Affairs	in Flori	da", "Cert	ificate of Exi	stence", or "C		Status" and che	tion to Conduct its eck are submitted to Florida.		
Please r	return a	ll correspo	ondence conc	erning this ma	atter to the foll	lowing:			
		D	onny Sp	Name o	of Person				
		S	vano Min	istries Firm/(Company				
		23	18 125	# Dr E	Parrish,	FL 342	19		
				City/State a	and Zip Code				
		Spa E-ma	nominīs t ail address: (t	ries Qgi o be used for	nail. con	report notifica	ution)		
For furt	ther info	ormation c	oncerning thi	is matter, plea	ise call:				
	Donn	Name of	en o Person	at ((<u>727</u>) Area Code	776 - 4 Daytime Tel	ephone 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			
Enclose Please m	ed is a c	heck for ti	ne following to: FLORIDA	amount: A DEPARTMI	ENT OF STAT	`E	/		
_	0.00 Fil		□\$78.75 Fi		□\$78.75 F		\$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:

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)	-
2. Oklahoma 3. 831638372 (State or country under the law of which it is incorporated) (FEI number, if applicable)	-
4. 08/2018 5. (Date of Incorporation) (Date of duration, if other than perpetual)	_
6. NA (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liable	
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability	lity.)
7. 2318 125th Dr E, Parrish FL 34219 (Principal office street address)	_
(Principal office street address)	
Same as above.	
Same as above. (Current mailing address, if different)	_
8. To communicate the Good News of Jesus Christ. (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: Donny Tanana Span Donny Spano	
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	FY
Name: Donny + Tanara Spano Donny Spano	
Office Address: 2318 125th Dr E Parrish Florida 34219 (City) (Zip Code)	-
Parrish , Florida 34219 (City)	
(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 designated in this application, I hereby accept the appointment as registered agent and agree to act in this capa further agree to comply with the provisions of all statutes relative to the proper and complete performance of mand I am familiar with and accept the obligations of my position as registered agent.	icity. I
Ord-	
(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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6)] total]: A. DIRECTORS Name: Donny Spano Name: Tamara Spano □Chairman □Chairman Address: 2318 125th Dr E Address: 2318 125th Dr E □Vice Chairman □Vice Chairman Parrish FL 34219 Parrish FL 34219 □Director □Director President □President ☑Vice President □Vice President □Treasurer □Treasurer □Secretary □Secretary ☐ Other:_____ □Other: ____ ☐ Other: ☐ Other:_____ Name: Aliga Thompson Name: _____ □Chairman □Chairman Address: 8800 Flame Vine Avo Address: _____ □Vice Chairman Seninole, FL 33777 □Director □Director □President □President □Vice President _____ □Vice President **⊠**Secretary □Treasurer □Secretary □Treasurer □Other: _____ ☐ Other:_____ ☐ Other:_____ □Chairman □Chairman Name: _____ □Vice Chairman Address: □Vice Chairman □Director □Director □President □President □Vice President □Vice President □Secretary □Treasurer □Secretary ☐Treasurer ☐ Other: _____ ☐ Other: ____ □ Other: NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

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

OFFICE OF THE SECRETARY OF STATE



_CERTIFICATE OF GOOD STANDING DOMESTIC NOT FOR PROFIT CORPORATION

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>SPANO MINISTRIES INTERNATIONAL</u>. <u>INCORPORATED</u> whose registered agent is <u>DONALD ANTHONY SPANO</u>, with its registered office at <u>14185 S 270TH E AVE COWETA 74429 USA</u> Oklahoma is a <u>Domestic Not For Profit Corporation</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>18th</u>, day of <u>July</u>, <u>2019</u>.

Secretary Of State