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SECRETARY OF STATE
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2020 MAY -4 PM 2:08

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MAY 05 2020
M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MINISTRY FIT FOR LIFE EVERGREEN INTERNATIONAL, 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:

JAIME SCARLATA

Name of Person

MINISTRY FIT FOR LIFE EVERGREEN INTERNATIONAL, INC.
Firm/Company

P. O. BOX 953459

Address

LAKE MARY, FL 32795

City/State and Zip Code

MINISTRYFITFORLIFE@GMAIL.COM

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

For further information concerning this matter, please call:

JAIME SCARLATA
Name of Person

at (928)

451-4046
Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

RECEIVED

MAY 04 2020

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. MINISTRY FIT FOR LIFE EVERGREEN INTERNATIONAL, INC.
(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.)

N/A

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. 84-3407110
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10-10-2019 5. PERPETUAL
(Date of Incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 3895 LAKE EMMA RD. SUITE III LAKE MARY, FL 32795
(Principal office street address)

P.O. BOX 953459 LAKE MARY, FL 32795
(Current mailing address, if different)

8. CHARITABLE AND MINISTRY RELATED SERVICES
(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: JAIME SCARLATA

Office Address: 3895 LAKE EMMA RD. SUITE III
LAKE MARY, Florida 32746
(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.

Jaime Scarlata
(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.

SECRETARY OF STATE
CORPORATE SERVICES DIVISION

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

A. DIRECTORS

<input checked="" type="checkbox"/> Chairman	Name: <u>JAIME SCARLATA</u>	<input type="checkbox"/> Chairman	Name: <u>LEROY MARIMON</u>
<input type="checkbox"/> Vice Chairman	Address: <u>P.O. BOX 953459</u>	<input type="checkbox"/> Vice Chairman	Address: <u>1709 PARKER BLVD.</u>
<input type="checkbox"/> Director	<u>LAKE MARY, FL 32795</u>	<input checked="" type="checkbox"/> Director	<u>TONAWANDA, NY 14150</u>
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Chairman	Name: <u>WILLIAM LANGELLA</u>
<input type="checkbox"/> Vice Chairman	Address: <u>8441 CHESTNUT</u>
<input checked="" type="checkbox"/> Director	<u>RIDGE RD.</u>
<input type="checkbox"/> President	<u>GASPORT, NY 14067</u>
<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Chairman	Name: <u>ANTONIA MARIMON</u>
<input type="checkbox"/> Vice Chairman	Address: <u>1709 PARKER BLVD.</u>
<input checked="" type="checkbox"/> Director	<u>TONAWANDA, NY 14150</u>
<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> 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.

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

14. JAIME SCARLATA, CHAIRMAN
(Typed or printed name and capacity of person signing application)

2020 MAY -4 PM 2:08
CLERK OF STATE
JANICE E. PETERSON

FILED

State of New York
Department of State } **ss:**

I hereby certify, that the Certificate of Incorporation of MINISTRY FIT FOR LIFE EVERGREEN INTERNATIONAL, INC. was filed on 10/10/2019, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate Index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 08th day of April
two thousand and twenty.*

Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2020

JAIME SCARLATA
MINISTRY FIT FOR LIFE EVERGREEN INT'L IN
PO BOX 953459
LAKE MARY, FL 32795

SUBJECT: MINISTRY FIT FOR LIFE EVERGREEN INTERNATIONAL INC.
Ref. Number: W20000040223

We have received your document for MINISTRY FIT FOR LIFE EVERGREEN INTERNATIONAL INC. and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a Foreign Profit Corporation, but your entity is a Foreign Not for Profit Corporation. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 720A00008465