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COVER LET	TER	
TO: Registration Section		
Division of Corporations		
SUBJECT: Leadership, Innovation, fe Name of corporation - m	llowship, Expust include suffix	loration, Inc.
Dear Sir or Madam:		
The enclosed "Application by Foreign Corporation for Auth" "Certificate of Existence," or "Certificate of Good Standing above referenced foreign corporation to transact business in	g" and check are submit	
Please return all correspondence concerning this matter to t		超昌刊
William E. Hinsley III Name of Pers	<del>, -</del>	
Name of Pers	<del></del>	===
		1/200 2
Leadership, Innovation, Fellowship Firm/Compan	o, Zx plocation	) I MARINE W
		严 29
974 SE Saint Lucie	Blud	· (1)
Address		
Stuart, FL 34996 City/State and 2 bill. lifeinc@me.		
City/State and 2	Zip code	
bill lifeinc @ me.	Com	
E-mail address: (to be used for fi	uture annual report noti	fication)
·	·	
For further information concerning this matter, please call:		
William E. Hinsley III at (206)	653.544	0
Name of Person Area Code	Daytime Telephor	ne Number
STREET/COURIER ADDRESS:	MAILING ADD	ORESS:
Registration Section	Registration Sect	
Division of Corporations	Division of Corporations	
The Centre of Tallahassee	P.O. Box 6327	
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	Tallahassee, FL	32314
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 & 🗆 \$7		☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	ble in Florida, enter alterna				
Delau	under the law of which it i	3.			
(State or country	y under the law of which it i	s incorporated)	(	FEI number, if app	plicable)
10/10	2008 of incorporation)	5.			
/ (Date	of incorporation)		(Date of	duration, if other t	han perpetual)
	SE Saint			-	B PH 3:
			g address, it differ		FINTE STATE
	<u>t_address</u> of Florida regis	(Current mann) tered agent: (P.O	. Box <u>NOT</u> acce	eptable)	ESTATE EFFLE
	<u>t_address</u> of Florida regis	(Current mann) tered agent: (P.O	. Box <u>NOT</u> acce	eptable)	ESTATE EFFLESTATE
	t address of Florida regist しい川にm 974 SE	tered agent: (P.O	Box NOT acce	eptable)	STATE E.FL
-	<u>t_address</u> of Florida regis	tered agent: (P.O	Box NOT acce	eptable)	STATE F. FL

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.

(Registered agent's signature)

10. 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.

A. DIRECTORS	)''' - '' - ''		
□Chairman	Name: William E. Hindoy III Address: 974 SE Saint Luire Bl	Chairman	Name: Saundra LM Hins
□Vice Chairman	Address: 974 SE Saint Lucie Bl	Vice Chairman	Address: 974 SE Saint Lucre
□Director	Strart, FL	Director	Stuart FL 34996
<b>Z</b> iPresident	34996	□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	Secretary	□Treasurer
Other	Other	Other	□Other
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	<u> </u>
□President		□President	
□Vice President		□Vice President	2020 DE
☐ Secretary	□Treasurer	□Secretary	AHAY CARRETTE STREET
□Other	Other	□Other	
□Chairman	Name:	□Chairman	STATE 3: 29
□ Vice Chairman	Address:	□ Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	Secretary	□Treasurer
□Other	Other	□Other	
The officer or direct she is aware that fas.817.155. F.S.	Use an attachment to report more than six (6). The attachment to the index when filing your Florida Department of Director of Signature of Director of Color signing this document (and who is listed in numberalse information submitted in a document to the Department of the Departmen	ent of State Annual R or Officer or 11 above) affirms the ment of State constitu	eport form.  nat the facts stated herein are true and that he or
13.	Nilliam E. Hinsley -		1)

## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LEADERSHIP, INNOVATION, FELLOWSHIP,

EXPLORATION, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE

OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE

TWENTY-THIRD DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE
BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEADERSHIP, SID THE INNOVATION, FELLOWSHIP, EXPLORATION, INC." WAS INCORPORATED ON THE TENTH DAY OF OCTOBER, A.D. 2008.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE

Authentication: 204403393

Date: 12-23-20

4608763 8300 SR# 20208743584