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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

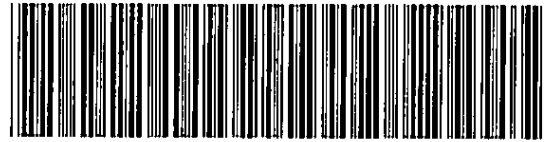
(Business Entity Name)

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STATE OF MICHIGAN
LANSING, MICHIGAN

Handwritten signature

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Temple at Sacred Haven, 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:

REV. Lynn Maurine
Name of Person

The Temple at Sacred Haven, Inc
Firm/Company

2195 LAZY DAYS Circle
Address

Lutz FLORIDA 33558
City/State and Zip Code

sacredhaven2021@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REV. Lynn Maurine at (608) 530-2389
-Name of Person Area Code 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

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. The Temple at Sacred Haven, 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.)

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

2. GEORGIA U.S.A. 3. 75-3042460
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. _____ 5. PERPETUAL
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 21195 LAZY DAYS CIRCLE LUTZ, FL 33558
(Principal office street address)

(Current mailing address, if different)

8. SEE ARTICLE III OF ATTACHED ARTICLES OF INCORPORATION
(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: LYNN MAURINE
Office Address: 21195 LAZY DAYS CIRCLE
LUTZ, Florida FL 33558
(City) (Zip Code)

FILED
21 JUL 15 PM 3:41
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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.

Lynn Maurine
(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

<input type="checkbox"/> Chairman	Name: <u>Lynn Mawrine</u>	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>21195 LAZY DAYS CIRCLE</u>	<input type="checkbox"/> Vice Chairman	Address: _____
	<u>WICZ, FL 33558</u>		
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input checked="" type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input checked="" type="checkbox"/> Secretary		<input type="checkbox"/> Secretary	
	<input checked="" type="checkbox"/> Treasurer		<input type="checkbox"/> Treasurer
<input checked="" type="checkbox"/> Other: <u>Chief Clergy</u>		<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

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

<input type="checkbox"/> Chairman	Name: _____	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<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"/> Secretary	
	<input type="checkbox"/> Treasurer		<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____		<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. Lynn Mawrine
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. LYNN MAURINE PRESIDENT
(Typed or printed name and capacity of person signing application)

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

THE TEMPLE AT SACRED HAVEN, INC.
a Domestic Nonprofit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 21664818
Date Inc/Auth/Filed: 03/07/2001
Jurisdiction : Georgia
Print Date : 07/12/2021
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State

**ARTICLES OF INCORPORATION OF
THE TEMPLE AT SACRED HAVEN INC.**
A NON-PROFIT RELIGIOUS CORPORATION

**THE UNDERSIGNED PERSON DOES HEREBY FORM AND ESTABLISH A
NON-PROFIT CORPORATION UNDER THE PROVISIONS OF THE GEORGIA
NON-PROFIT CORPORATION ACT.**

ARTICLE I

**THE NAME OF THE CORPORATION SHALL BE:
THE TEMPLE AT SACRED HAVEN INC.
(HEREINAFTER "THE CORPORATION").**

ARTICLE II

**THE REGISTERED OFFICE OF THE CORPORATION IN THE STATE OF GEORGIA
IS: 4090 NORTH ARNOLD MILL ROAD, WOODSTOCK GA. 30188 AND ITS
REGISTERED AGENT AT THAT ADDRESS IS LYNN MAURINE,**

ARTICLE III

**THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR RELIGIOUS AND
EDUCATIONAL PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) AND
THE RELIGIOUS ORGANIZATION EXEMPTION SECTION OF THE INTERNAL
REVENUE CODE. THE SPECIFIC PURPOSE OF THE CORPORATION IS TO
PROVIDE A SANCTUARY AND MEETING PLACE TO STUDY, DISCUSS, AND
PRACTICE A VARIETY OF SPIRITUAL PHILOSOPHIES AND FOSTER THE
RE-INTEGRATION OF THE SENSUAL SELF INTO THE SPIRITUAL SELF. THE
CORPORATION SEEKS TO AID INDIVIDUALS, COUPLES, AND FAMILIES IN
CONTACTING AND EXPRESSING THE DIVINITY THAT IS INHERENT WITHIN
EACH OF US.**

ARTICLE IV

**THE CORPORATION SHALL NOT HAVE ANY CAPITAL STOCK AND THE
CONDITIONS OF MEMBERSHIP SHALL BE STATED IN THE BY-LAWS. THE
CORPORATION SHALL EXPEND ALL OF ITS RESOURCES IN THE
FURTHERANCE OF ITS BENEVOLENT GOALS, AND HAS NO INTENTION TO
EARN A PROFIT FOR ITS MEMBERS, DIRECTORS OR OFFICERS. THE
CORPORATION MAY PAY A REASONABLE SALARY TO ITS OFFICERS FOR
WORK PERFORMED IN BEHALF OF THE CORPORATION. IN THE EVENT OF
THE DISSOLUTION OF THE CORPORATION, THE BOARD OF DIRECTION SHALL
AFTER PAYING OR MAKING PROVISION FOR THE PAYMENT OF ALL
LIABILITIES OF THE CORPORATION, DISPOSE OF ALL THE ASSETS OF THE
CORPORATION IN A MANNER OR TO SUCH ORGANIZATION ORGANIZED AND**

OPERATED EXCLUSIVELY FOR RELIGIOUS OR EDUCATIONAL PURPOSES AS SHALL AT THE TIME QUALIFY AS AN EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AS MAY BE ENACTED AT THE TIME, AS THE BOARD OF DIRECTORS SHALL DETERMINE.

ARTICLE V

THE NAME AND ADDRESS OF THE INCORPORATOR IS:
LYNN MAURINE, 4090 NORTH ARNOLD MILL ROAD, WOODSTOCK GA. 30188.

ARTICLE VI

THE BUSINESS, PROPERTY AND AFFAIRS OF THE CORPORATION SHALL BE MANAGED BY A BOARD OF DIRECTORS. THE BOARD SHALL BE CHOSEN BY THE MEMBERS AND SHALL SERVE AT THE PLEASURE OF THE MEMBERS FOR SUCH TERM OR TERMS AND DESIGNATED IN THE BY-LAWS.

ARTICLE VII

THE UNDERSIGNED BEING THE INCORPORATOR HEREINABOVE NAMED, FOR THE PURPOSE OF FORMING A CORPORATION PURSUANT TO THE GEORGIA NON-PROFIT CORPORATION ACT DO CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INSTRUMENT IS THE ACT OF THE MEMBERS OF THE TEMPLE AT SACRED HAVEN.

incorporator.

Lynn Maurine
LYNN MAURINE

IN THE PRESENCE OF Frank B. Long
NOTARY PUBLIC

NOTARY PUBLIC, CATOOSA COUNTY, GEORGIA
MY COMMISSION EXPIRES SEPT. 7, 2001

GEORGIA STATE
CORPORATIONS DIVISION
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