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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to		
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Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
CHDI	JECT: One Heart Fire		
SUDJ	Name of Corporation – must include suffix		
Dear S	Sir or Madam:		
Affair	nclosed "Application by Foreign Not for Profit Corporation for Authorization to Condrs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submer the above referenced not for profit corporation to conduct its affairs in Florida.		
Please	e return all correspondence concerning this matter to the following:		
	Edward McDowell		
	Name of Person		
	One Heart Fire		
	Firm/Company		
	9 Winterberry Place	222	
		2821 OCT 18	
	Address		
	Palm Coast FI 32164	PH 4: 29	
	City/State and Zip Code	·	
	edward@oneheartfire.com	· Š	
	E-mail address: (to be used for future annual report notification)		
For fu	orther information concerning this matter, please call:		
Edwar	ard McDowell 904 806-0995		
	Name of Person Area Code Daytime Telephone Num	īber	
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 8Tallahassee, FL 32303	10	
Please 1	Certificate of Status Certified Copy Certif	Filing Fee, icate of Status ied Copy	; &

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

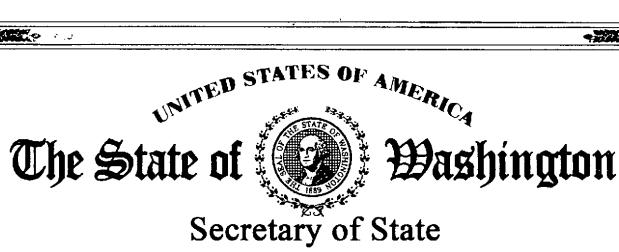
IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

One Heart Fire				
(If name unava	ilable in Florida, enter alternate corporate nan	ne adopted for the purpose of transacting b	usiness in	. Florida)
Washington		87-2987972		
(State or cour	ntry under the law of which it is incorporated)	(FEI number, if applicab	le)	
10-11-2021	•	5.		
([	Date of Incorporation)	(Date of duration, if other tha	ın perpetu	al)
(Data first cond	ucted affairs in Florida if prior to registration. Se	a sections 617 1501 & 617 1502 F.S. to de	termine ne	nalty liabili
			pe	
9 Winterberry	Place Palm Coast Fl 32164			
		Lan atmant addrosol		
	(Principal of	fice <u>street</u> address)		
) Winterhorn	•	nce <u>street</u> address)		
9 Winterberry I	Place Palm Coast FI 32164	<del></del>		
9 Winterberry I	Place Palm Coast FI 32164	g address, if different)		
	Place Palm Coast FI 32164 (Current mailing	g address, if different)		282
Church promo	Place Palm Coast Fl 32164  (Current mailing ting Christian doctrines, establish and oversee	g address, if different) places of worship, evangelizing, educatio	n, preserv	2 Projection
Church promo	Place Palm Coast FI 32164	g address, if different) places of worship, evangelizing, educatio	n, preserv	282 truth
Church promo (Purpose(s) of	Place Palm Coast Fl 32164  (Current mailing ting Christian doctrines, establish and oversee corporation authorized in home state or country)	g address, if different)  places of worship, evangelizing, educatio y to be carried out in the state of Florida)	n, preserv	<u> </u>
Church promo (Purpose(s) of	Place Palm Coast Fl 32164  (Current mailing ting Christian doctrines, establish and oversee	g address, if different)  places of worship, evangelizing, educatio y to be carried out in the state of Florida)	n, preserv	787th
Church promo (Purpose(s) of one	Place Palm Coast Fl 32164  (Current mailing thing Christian doctrines, establish and oversee corporation authorized in home state or countreet address of Florida registered agent: (P.	g address, if different)  places of worship, evangelizing, educatio y to be carried out in the state of Florida) O. Box NOT acceptable)	n, preserv	<u> </u>
Church promo (Purpose(s) of o Name and str Name:	Place Palm Coast FI 32164  (Current mailing thing Christian doctrines, establish and oversee corporation authorized in home state or countreet address of Florida registered agent: (P. Edward McDowell	g address, if different)  places of worship, evangelizing, educatio y to be carried out in the state of Florida) O. Box NOT acceptable)	n, preserv	CT 18 PH
Church promo (Purpose(s) of o Name and str	Place Palm Coast FI 32164  (Current mailing ting Christian doctrines, establish and oversee corporation authorized in home state or countreet address of Florida registered agent: (P. Edward McDowell  9 Winterberry Place	g address, if different)  places of worship, evangelizing, education  y to be carried out in the state of Florida)  O. Box NOT acceptable)	n, preserv	<u> </u>
Church promo (Purpose(s) of o Name and str	Place Palm Coast FI 32164  (Current mailing ting Christian doctrines, establish and oversee corporation authorized in home state or countreet address of Florida registered agent: (P. Edward McDowell  9 Winterberry Place	g address, if different)  places of worship, evangelizing, educatio y to be carried out in the state of Florida) O. Box NOT acceptable)	n, preserv	CT 18 PH 4:

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. DIRECTOR								
<b>■</b> Chairman	Name:	□Chairman	Name: Dinah McDowell					
□Vice Chairman	9 Winterberry Place Address:	□Vice Chairman	9 Winterberry Place					
□Director	Palm Coast Fl 32164	□Director	Palm Coast F1 32164					
■President		□President						
□Vice President	<del></del>	■ Vice President						
□Secretary	□Treasurer	<b>■</b> Secretary	<b>∃</b> Treasurer					
□Other:	Other:	Other:	Other:					
□Chairman □Vice Chairman	Name: Anton La Grange Name: 1677 Hideaway Flat St Address:	□Chairman □Vice Chairman	Name: Colette La Grange  1677 Hideaway Flat St  Address: Magazette El. 24752					
■Director	Mascotte, FL 34753	■Director	Mascotte, FL 34753					
□President		□President						
□Vice President		□Vice President						
Secretary	□Treasurer	□Secretary	□Treasurer 🔀					
□Other:	☐ Other:	Other:						
			8					
□Chairman	Name:		Name: TO 13					
□Vice Chairman	Address:	□Vice Chairman	Address: 5 5					
□Director		□Director	<u> </u>					
□President		□President						
□Vice President		□Vice President						
☐ Secretary	□Treasurer	□Secretary	□Treasurer					
□Other:	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.  13. Edward McDowell Chairman, Vice Chairman, or any officer listed in number 12 of the application)  14. Edward McDowell Chairman  (Taged or printed name and capacity of person signing application)								



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

### CERTIFICATE OF EXISTENCE

**OF** 

#### ONE HEART FIRE

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 10/11/2021.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

> Issued Date: 10/13/2021 UBI Number: 604 822 504

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Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

Date Issued: 10/13/2021

