

F21000007055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

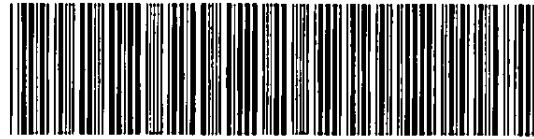
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CLERK OF DISTRICT COURT
STATE OF FLORIDA

S. HAWKES
NOV - 2 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2021

ALICIA BRYANT
115 E MOORE AVE
TERRELL, TX

SUBJECT: LIFE REBUILDERS, INC.
Ref. Number: W21000150509

We have received your document for LIFE REBUILDERS, 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 document must contain both the street address of the principal office and the mailing address of the entity.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Suzanne Hawkes
Regulatory II

Letter Number: 921A00028186

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Life Rebuilders, 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:

Alicia Bryant

Name of Person

Life Rebuilders, Inc.

Firm/Company

115 E Moore Ave

Address

Terrell, TX 75160

City/State and Zip Code

alicia@liferebuilders.org

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

For further information concerning this matter, please call:

Alicia Bryant

at (972) 563-3055

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. Life Rebuilders, 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. Arizona

(State or country under the law of which it is incorporated)

3. _____

(FEI number, if applicable)

4. 1/26/1990

(Date of Incorporation)

5. _____

(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 liability.)

7. 16810 E. Ave. of the Fountains Suite 200, Fountain Hills, AZ 85268

(Principal office street address)

115 E Moore Ave., Terrell, TX 75160

(Current mailing address, if different)

8. Affordable Housing

(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: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

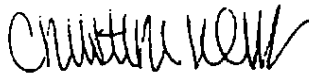
Florida 33324

(Zip Code)

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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.



Christine Kelm - Assistant Secretary

(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

☐ Chairman Name: Alicia Bryant
☐ Vice Chairman Address: 1085 W Alamosa Drive
☐ Director Terrell, TX 75160
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Brittanie Harris
☐ Vice Chairman Address: 1805 Willowbrook Dr
☐ Director Terrell, TX 75160
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Heidi Halla Lindberg
☐ Vice Chairman Address: 1825 Holly Lane North
☐ Director Plymouth, MN 55447
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Member ☐ Other: _____

☐ Chairman Name: Dora Causey
☐ Vice Chairman Address: 350 Windsor Ave #50
☐ Director Terrell, TX 75160
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Member ☐ Other: _____

☐ Chairman Name: Latoya Wheeler
☐ Vice Chairman Address: 13820 CR 236
☐ Director Terrell, TX 75160
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Member ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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. Alicia Bryant
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Alicia Bryant
(Typed or printed name and capacity of person signing application)

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

LIFE REBUILDERS, INC.

ACC file number: 02207815

was incorporated under the laws of the State of Arizona on 01/26/1990;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **09/28/2021**



A handwritten signature in blue ink, reading "Matthew Neubert", written over a horizontal line.

Matthew Neubert, Executive Director