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PICK-UP WAIT MAIL					
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#### COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A Heart For Korah Corp.  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:
Tisha Alexander Name of Person
Firm/Company
5414 SW 26th AVR
Address
Cape Coral FL 33914 City/State and Zip Code
Hishaalexander @ amail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tisha Alexander at (317) 385-3256  Name of Person Area Code Daytime Telephone Number
Mailing Address;Street Address;Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount:  Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$\infty\$ \$70.00 Filing Fee \$\infty\$ \$\infty\$ \$78.75 Filing Fee & \$\infty\$ \$Certificate of Status \$\infty\$ \$Certified Copy  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:
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. The Country under the law of which it is incorporated)  (State or country under the law of which it is incorporated)  (FEI number, if applicable)
4. 2/13/20/3 (Date of Incorporation)  5. (Date of duration, if other than perpetual)
6. Date tilst conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)  7. 5414 5W 26th Ave E  (Principal office street address)
(Current muiling address, if different)
8. UK moved from Indiana to Florida (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: Jisha Alexander Office Address: 5414 SW 26th Ave Cope Coral Florida 40 3391478 5
(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 dutie and I am familiar with and accept the obligations of my position as registered agent.
(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]:

and the second second second

A. DIRECTOR	RS		
□Chairman	Name: Monte Alexander	□Chairman	Name: Tisha Alexander
□Vice Chairman	Address: 20 Box 151575	□Vice Chairman	Address: <u>PO Bbx 151575</u>
□Director	Cape Coral FL	□Director	Cape Coral FL
President	33915	☐ President	33915
□Vice President		□Vice President	<del></del>
□Secretary	□Treasurer	☐ Secretary	<b>⊠</b> Treasurer
Other:		Other:	
□Chairman	Name: Dove, Hubbard (duesda) Address: PO Box 14	□Chairman	Name: Jours + Sallie Sinite,
□Vice Chairman	Address: PO Box 14	□Vice Chairman	Address: 6231 F. Co. Rd 100 S
□Director	Limington ME	□Director	Avon IN 46123
□President	04049	□President	
□Vice President	·	□Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
\$0ther: <u>New</u>	Der at Other:	Stother: Menul	perat Other:
□Chairman	Name: Clari Sullivan	□Chairman	Name:
□Vice Chairman	Address: 1404 Amuling	□Vice Chairman	Address:
□Director	Trail	□Director	
□President	Cedar Park TX	□President	
□Vice President	78413	□Vice President	
Secretary	☐Treasurer	☐ Secretary	□Treasurer
<mark>∄</mark> Other: <u>Wewl</u>	ber at Other:	□Other:	Other:
	(Signature of Chairman, Vice Chairman, or any office)  (Typed or printed name and capacity of persons)	lorida Department of the control of	of State Annual Report form.  12 of the application)

## State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

#### A HEART FOR KORAH CORP.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on February 13, 2013, and was in existence or authorized to transact business in the State of Indiana on April 18, 2022:

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, April 18, 2022

HOLLI SULLIVAN
SECRETARY OF STATE

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All certificates should be validated here: https://bsd.sos.in.gov/ValidateCertificate

Expires on May 18, 2022.