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S. ROBERTS

APR - 5 2023

# **COVER LETTER**

то:	gistration Section vision of Corporations					
SHRI	ECT: Auriel's Light Inc.					
SCD	Name of Corporation – must include suffix					
Dear S	iir or Madam;					
Affair	sclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its s in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to the above referenced not for profit corporation to conduct its affairs in Florida.					
Please	return all correspondence concerning this matter to the following:					
	Melisa Nielsen					
	Name of Person					
	Auriel's Light					
	Firm/Company					
	1015 Atlantic Boulevard #494					
	Address					
	Atlantic Beach, FL 32233					
	City/State and Zip Code					
	support@aurielslight.org					
	E-mail address: (to be used for future annual report notification)					
For fu	rther information concerning this matter, please call:					
Melis	a Nielsen 208 403-5616 at ( )					
	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					
Please	sed is a check for the following amount: make check payable to. FLORIDA DEPARTMENT OF STATE  0.00 Filing Fee					

# 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:

Auriel's Light I (Name of corpora import in language	tion: must include the word "INCORPORATE e as will clearly indicate that it is a corporation sent, "Company" or "Co." may not be used as	D" or "CORPORATION" or words or abbre instead of a natural person or partnership if	viations of like not so contained
in the name at pro	esent, "Company" or "Co." may not be used as	a corporate suths by a nonprofit corporation	l.)
(If name unavai	able in Florida, enter alternate corporate name	adopted for the purpose of transacting busin	ess in Florida)
Washington	3	3 92-0586386	
		3. 92-0586386 (FEI number, if applicable)	
10/21/2022	te of Incorporation) 5.	(S	matual)
(Da	ite of Incorporation)	(Date of duration, if other man pe	rpeiuar)
01/01/2023	eted affairs in Florida if prior to registration. Sec-		
15037 Bulow C	reek Drive, Jacksonville, FL 32258	ce <u>street</u> address)	
	(Principal offic	ce street address)	
1015 Atlantic B	oulevard #494, Atlantic Beach, FL 32233		
	(Current mailing	address, if different)	
church and chu	rch auxiliaries		20
(Purpose(s) of c	rch auxiliaries orporation authorized in home state or country	to be carried out in the state of Florida)	7.5
. Name and <u>stre</u>	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	20
Name:	Melisa Nielsen		-D
	15037 Bulow Creek Drive		
-	Jacksonville	, Florida 32258 (Zip Code)	$\frac{\omega}{-}$
_	(City)	/7 in Carla)	

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.

Melisa Nielsen (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. DIRECTOR	A fallon Minton		Erik Nielsen			
□Chairman	Name: 15037 Bulow Creek Drive	∐ Chairman	Name. 15037 Bulow Creek Drive			
□Vice Chairman	Address:	□Vice Chairman	Address:			
☐Director	Jacksonville, FL 32258	□Director	Jacksonville, FL 32258			
<b>■</b> President		□President				
□Vice President		■ Vice President				
☐ Secretary	Treasurer	☐ Secretary	☐Treasurer			
□Other:	Other:	□Other:	Other:			
□Chairman	Melanie Novakovitch	□Chairman	Name;			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director	Neptune Beach, FL 32266	□ Director				
□President		President				
☐ Vice President		□Vice President				
<b>■</b> Secretary	□Treasurer	□Secretary	Treasurer			
Other:	Other:	□Other:	Other:			
□Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address	□ Vice Chairman	Address:			
Director		Director				
□President		□President				
□Vice President		□ Vice President				
□Secretary	□Treasurer	□Secretary:	□Treasurer			
□Other.	☐ Other:	□Other	□ □ Other.			
Non-indexed indiv	t Notice: Use an attachment to report more than six riduals may be added to the index when filing your because it is a six of the index when filing your because it is a six of the index when filing your because it is a six of the index when filing your because it is a six of the index when filing your because it is a six of the index when filing your because it is a six of the index when the i	ilorida Department o	of State Annual Report form.			
(Signature of Chairman, Or any officer listed in number 12 of the application)						
	Melisa Nielsen (Typed or printed name and capacity of per					



Secretary of State

1, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

## CERTIFICATE OF EXISTENCE

**OF** 

### AURIEL'S LIGHT

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 10/21/2022.

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.

**1 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: 03/01/2023

t. R Hobbs

UBI Number: 604 975 786

STATE OF STA

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

Steve R. Hobbs, Secretary of State

Date Issued: 03/01/2023