F23000003307

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
•					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



900409223059

05/24/23--01016--008 **87.50

2023 HAY 24 PM 1:43

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	Name of Corporation	on - must include suffix	Tic.	
Dear Sir or Mada	ım;			
Affairs in Florida	pplication by Foreign Not for Profit ", "Certificate of Existence", or "C e referenced not for profit corporati	ertificate of Status" and cl	neck are submitted to	
Please return all	correspondence concerning this ma	tter to the following:		
-	(ATHERINE E Name o	TANNELLO f Person		
_	VINIT OF LIFE Firm/C	ompany STRIES	s, Inc.	
_	1001 IDAHO	7		
_	Ado	Iress		
_	Ocore, Florid, City/State as	A 34761 nd Zip Code		
_	<u>business 4ca+</u> E-mail address: (to be used for t	eognail.	cation)	
For further inforr	nation concerning this matter, pleas	se call:		
CATHERY	Name of Person at (407) 765- Area Code Daytime To	1425 elephone Number	
Division P.O. Box	tion Section of Corporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	ck for the following amount: payable to: FLORIDA DEPARTME Fee □\$78.75 Filing Fee & Certificate of Status	NT OF STATE □\$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

And the second

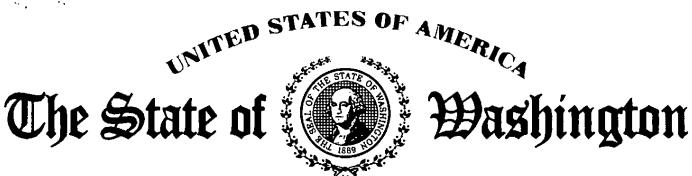
IN COMPLIANCE WITH SECTION 617.1503. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. VINE OF LIFE MINISTRIES TUC. (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words			
import in language as will clearly indicate that it is a corporation instead of a natural person or partie in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit co	nership if not . rporation.)	so contai	ned
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transact			
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transact	ing business i	n Florida	1)
2. WASHINGTON (State or country under the law of which it is incorporated) 3. 605 198 3 (FEI number, if appl	94 icable)		_
4. <u>O Y-1Y-2O23</u> 5. (Date of Incorporation) (Date of duration, if other	r than perpeti	ial)	_ -
6. (Date first conducted affairs in Florida if prior to registration, See sections 617,1501 & 617,1502, F.S. i			
7. 1001 I DAHO CT. OCOFE FLORIDA 39 (Principal office street address)	+761		
Armicipal office street address)			
(Current mailing address, if different)			_
(Current mailing address, if different)			
a Cultinary and Towns			
8. CHURCH, OUTRENCH MINISTRY (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Flori	da)		
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: ATHERIUE F. TANNELLO Office Address: 1861 LEGIS HUN LN (City), Florida 3476/ (Zip Code)	- :	2023	
Name: (ATHERINE & TANKELIA		Ϋ́	i į
Office Address: 1001 (CC118 1))		24	
Office Address: The Company of the C	-:	7	3 5
(City), Florida 39/6/ (Zip Code)	•		200
10. Desirate description	,	ည်	
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above state	ed corporation	on at the	e place
designated in this application, I hereby accept the appointment as registered agent and ag further agree to comply with the provisions of all statutes relative to the proper and compl and I am familiar with and accept the obligations of my position as registered agent.	ree to act in	this cap	acity. I
(1, D- & 1 10			
(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	,				
□ Chairman	Name: GUY F. IANNELL	Name:			
□Vice Chairman	Address: 1801 LESLIE ANN	Address:			
Director	DOOSE, FLOIZIDA 3476	∕ □Director			
□President		□President			
□Vice President		□Vice President			
☐ Secretary	□Treasurer	☐Secretary	Treasurer		
ÆOther:	☐ Other:	Other:	□Other:		
□ Chairman	Name ATHERINE E. TANINE	Chairman	Name:		
□Vice Chairman	Address: 1821 LESLIE ANNLO	□ Vice Chairman	Address:		
□Director	DEDER FRURIDA 3474	, / Director			
□President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	☐ Secretary	□Treasurer		
Dother: Co-1	DIRECTUR - Other:	□Other:	Other:		
□ Chairman	Name: KEVIN MYERS	□Chairman	<u> </u>		
□Vice Chairman	Address: 17736 DEER TSIAL	□ Vice Chairman	Address:		
☐ Director	WINTER GARDEN FLORID	社 日Director			
□President	34787	□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	□Secretary	Treasurer		
DOther BOARD	MEMBER□ 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. (Signature of Chairman, Vice Chairman, of any officer listed in number 12 of the application) 14. (Typed or printed name and capacity of person signing application)					



Secretary of State

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

CERTIFICATE OF EXISTENCE

OF

VINE OF LIFE MINISTRIES

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 04/14/2023.

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: 04/14/2023 UBI Number: 605 198 394

STATE OF WASHINGTON 1889

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

R Hollo

Steve R. Hobbs, Secretary of State

Date Issued: 04/14/2023