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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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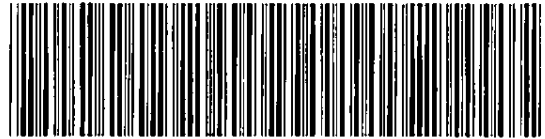
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Seasons of Life Ministries, 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:

Aarron Pina

Name of Person

Seasons of Life Ministries, Inc.

Firm/Company

12316 Itani Way

Address

Jacksonville, FL 32226

City/State and Zip Code

aarron@seasonsoflifeministries.org

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

For further information concerning this matter, please call:

Aarron Pina

Name of Person

at (770) 510-3117
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2023

AARRON PINA
12316 ITANI WAY
JACKSONVILLE, FL 32226

SUBJECT: SEASONS OF LIFE MINISTRIES, INC.
Ref. Number: W23000113753

We have received your document for SEASONS OF LIFE MINISTRIES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 523A00019315

**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. Seasons of Life Ministries, Incorporated

(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. Georgia 3. 06-1829426
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/06/2007 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 6/1/2023
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 12316 Itani Way, Jacksonville, FL 32226
(Principal office street address)

(Current mailing address, if different)

8. Christian discipleship
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida);

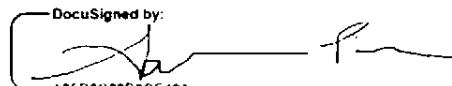
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Aaron Pina

Office Address: 12316 Itani Way
Jacksonville, Florida 32226
(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 duties, and I am familiar with and accept the obligations of my position as registered agent.

DocuSigned by:


(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: Robert Garvin
☐ Vice Chairman Address: 1005 Little River Way
☐ Director Milton, GA 30004
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Cheri Garvin
☒ Vice Chairman Address: 1005 Little River Way
☐ Director Milton, GA 30004
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

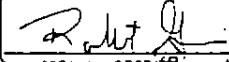
☐ Chairman Name: John Thompson
☐ Vice Chairman Address: 8835 Laurel Way
☐ Director Alpharetta, GA 30022
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Treasurer Pro Tem ☐ Other: _____

☐ Chairman Name: Greg Ford
☐ Vice Chairman Address: PO Box 757
☐ Director Helen, GA 30545
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Member at Large ☐ Other: _____

☐ Chairman Name: Casey Sanders
☐ Vice Chairman Address: 5918 Mt Water Trail
☐ Director Buford, GA 30518
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Member at Large ☐ 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.  _____
90FA1AA1C05F40 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert Garvin
 (Typed or printed name and capacity of person signing application)

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

SEASONS OF LIFE MINISTRIES, INCORPORATED

a Domestic Nonprofit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number	26094129
Date Inc/Auth/Filed	12/06/2007
Jurisdiction	Georgia
Print Date	09/13/2023
Form Number	211



Brad Raffensperger

Brad Raffensperger
Secretary of State