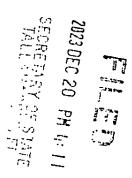
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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COVER LETTER

	egistration division of	Section Corporations					
SUBJEC		Yah's Assembly of Holy Se	ervants Ministri	es. Inc.			
300000	· · · <u></u> _	Name of Corpora	ation – must ir	iclude suffix			
Dear Sir o	or Madam:						
Affairs in	Florida", "	cation by Foreign Not for Pro Certificate of Existence", or ferenced not for profit corpor	*Certificate of	Status" and c	theck are submitted to		
Please retu	ırn ali corr	espondence concerning this r	natter to the fo	ollowing:			
		Dr. Brend	a Robinson				
		Naine	of Person				
		Yah's Assembly of I	Holy Servants M	linistries, Inc.			
		Firm	/Company				
		50 East 2nd Street, Suite #3					
		<u>.</u>	ddress				
		Jacksonville, Flori	and Zip Code				
		·	•				
	F	-mail address: (to be used for	@yahs-mi.org	ranget natifie	wien?		
r c ,				тероп поппе	ation)		
ror turther	mformatic	on concerning this matter, ple	ase call:				
	Dr. Brenda	a Robinson	904	523-446	51		
	Name	e of Person at	Area Code	Daytime Te	lephone 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 Please make □ \$70.00 F	check paya	or the following amount: ble to: FLORIDA DEPARTM. S78.75 Filing Fee & Certificate of Status	□\$78.75 Fi		■\$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:

	Yah's Assembly of Holy Servants Ministr	ries, Inc.			
(Name of corpo import in langua in the name at p	ration: must include the word "INCORPORA age as will clearly indicate that it is a corporat resent. "Company" or "Co." may not be used	TED" or "CORPORATION" or words or ion instead of a natural person or partner as a corporate suffix by a nonprofit corporate.	abbreviationship if not so bration.)	ns of li contai	ke ned
(If name unava	ilable in Florida, enter alternate corporate nar	ne adopted for the purpose of transacting	business in	Florida	-
					•
State or com	shington mry under the law of which it is incorporated)	393-3590881		_	_
mos to sime)	my under the law of which it is incorporated)	(FEI number, if applica	ble)		
4	mber 13, 2023 Pate of Incorporation)	Perpetual			_
	ace of meorporation)	(Date of duration, if other th	ian perpetua	IJ	
6. NONE					
(Date first condu	acted affairs in Florida if prior to registration. Sec	e sections 617.1501 & 617.1502, F.S, to de	etermine pen	alty lial	bility.)
7	50 East 2nd Street, Suite #3, Jack (Principal off	sonville, Florida 32206			
·	(Principal of)	ice street address)			_
					
	50 East 2nd Street, Jacksonville,				
	(Current mailing	address, if different)			_
8. Full YAHS-MI	purpose including Biblical Ministry, Education or poration authorized in home state or country	on and Training and Charitable Activites	to fulfill pur	pose.	
(Purpose(s) of c	orporation authorized in home state or country	to be carried out in the state of Florida)			_
9. Name and sire	et address of Florida registered agent: (P.	O. Box NOT acceptable)	(0	~	
			. 577	بب	
	Da Daniel D. 17		1V. 103.)23[er-ies
Name: _			TALL)23 DEC	77
Name: _ Office Address: _			TALLAH TALLAH)23 DEC 2(
_		Florida 32206-5008)23 DEC 20 F	
_		, Florida 32206-5008 (Zip Code)	SECRETARY OF TALLAST)23 DEC 20 PM	
Office Address: _	50 East 2nd Street Jacksonville (City)	, Florida 32206-5008 (Zip Code)	TALLAHASSSE.T TALLAHASSSE.T)23 DEC 20 PM 4:	
Office Address:	50 East 2nd Street Jacksonville (City) agent's acceptance:	, Florida 32206-5008 (Zip Code))23 DEC 20 PH 나: 11	
Office Address:	Jacksonville (City) agent's acceptance: med as registered agent and to accept serves application. I hereby accept the application.	, Florida 32206-5008 (Zip Code) vice of process for the above stated c	orporatiòn	at the	
Office Address:	Jacksonville (City) agent's acceptance: med as registered agent and to accept serves application, I hereby accept the appoint comply with the prayisions of all statutes.	, Florida 32206-5008 (Zip Code) vice of process for the above stated coment as registered agent and agree of the code in the code is the code i	orporatiòn	at the	
Office Address:	50 East 2nd Street Jacksonville (City) agent's acceptance: med as registered agent and to accept seri	, Florida 32206-5008 (Zip Code) vice of process for the above stated coment as registered agent and agree of the code in the code is the code i	orporatiòn	at the	
Office Address:	Jacksonville (City) agent's acceptance: med as registered agent and to accept serves application, I hereby accept the appoint comply with the prayisions of all statutes.	, Florida 32206-5008, Code (Zip Code) wice of process for the above stated coment as registered agent and agree to the proper and complete position as registered agent.	orporatiòn	at the	

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.

(Registered agent's signature)

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTO					
Chairman	Name:	□Chairman	Name:Frank R. Overstreet		
□Vice Chairman	Address: 50 East 2nd Street, Suite #3.	□ Vice Chairman	Address: 50 East 2nd Street, Suite #3,		
■Director	Jacksonville, Florida 32206	=n:	Jacksonville, Florida 32206		
■ President		□President			
□Vice President		□Vice President			
Secretary	□Treasurer	□Secretary	□Treasurer		
□Other:	Other:	□Other:	Other:		
□Chairman □Vice Chairman	Name: Pearlie Usher Foster Taylor 50 East 2nd Street, Suite #3, Address:	□Chairman □Vice Chairman	Name:		
≣ Director	Jacksonville, Florida 32206	Director			
□President		□President			
□Vice President		□Vice President			
□Secretary	□Treasurer	□ Secretary	☐Treasurer		
□Other:	Other:	□Other:	□Other:		
□ Chairman	Name:	□Chaiπnan	Name:		
□Vice Chairman	Address:	□Vice Chairman	Address:		
□Director		□Director			
□President		□President			
□ Vice President		□Vice President			
☐ Secretary	□Treasurer	□Secretary	□Treasurer		
□Other:	☐ Other:	Other:	Other:		
13. C	Notice: Use an attachment to report more that iduals may be added to the index when filing Signature of Chairman, Vice Chairman, or an enda Robinson, Chairman, Director and President of Chairman, Director and Director	your Florida Department of y officer listed in number-lent	State Annual Report form. 2 of the 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

YAH'S ASSEMBLY OF HOLY SERVANTS 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 09/13/2023.

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: 12/14/2023 UBI Number: 605 329 991

R Hohlie

STATE OF THE STATE

DESCRIPTION !

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: 12/14/2023