## F96000006439

| AME | uLaw | YERO |
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(Requestor's Name)
343 ALMERIA AVENUB

CORAL GABLES, FL 33134 - (305) 445-2700

(City, State, Zip)

(Phone #)

Trademark

Other

CR2E031(10/92)

Examiner's Initials

OFFICE USE ONLY

| CORPORATION NAM   | ME(S) & DOCUMENT NUMBER(S) (if known):                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Shikano        | ah Combined Ministries, Inc.                                                                                                   | #87.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 2                 |                                                                                                                                | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| (Corporat         | tion Name) (Document #)                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                   | tion Name) (Document #)                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Walk in P         | Pick up time Certified Copy  Will wait Photocopy Certificate of Status                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| NEW FILINGS       | AMENDMENTS  Amendment  Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal               | RECEIVED ONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Profit            | Amendment                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| NonPrefit         | Resignation of R.A., Officer/Director                                                                                          | ~                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Limited Liability | Change of Registered Agent                                                                                                     | T 90/2/,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Domestication     | Dissolution/Withdrawal                                                                                                         | 0 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Other             | Merger                                                                                                                         | OK DE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| OTHER FILINGS     | Resignation of R.A., Officer/Director  Change of Registered Agent  Dissolution/Withdrawal  Merger  REGISTRATION/ QUALIFICATION | SHE FINANCE OF SELECTION OF SEL |
| Annual Report     | Foreign                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Fictitious Name   | Foreign 55 Limited Partnership 55                                                                                              | 77.7.7.<br>77.7.7.7.7.7.7.7.7.7.7.7.7.7.7.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Name Reservation  | Reinstatement                                                                                                                  | ₩.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

## 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:

| ate or cou | AHOMA  nty under the law of which                                            | ch it is incorporated)                             | 73-1356050                                    | B<br>, if applicable)                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------|------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Dec        | umbar 8, 1989                                                                | F.                                                 | Perpetual                                     | , ir applicable)                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|            | of Incorporation)                                                            | (Duratio                                           | n: Year corp. will                            | cease to exist or p                   | rpei                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|            | ective upon filing                                                           | with secretary of                                  | State                                         |                                       | - <b>.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|            | (Date corporation first co<br>See sections 617.15C1, (                       | nducted affairs in Florid<br>517,1500, and 817,155 | 8 -<br>E C \                                  | -                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 8949       | Harding Avenue                                                               |                                                    | r.s.)                                         |                                       | 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|            |                                                                              | · · · · · · · · · · · · · · · · · · ·              | ·                                             | -                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Surra      | ide, Florida 33154                                                           |                                                    |                                               | _                                     | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|            | (Current n                                                                   | mailing address)                                   |                                               | _                                     | 10 PH12:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Bible M:   | inistry<br>of corporation authorized                                         |                                                    | •                                             |                                       | 73                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|            | AmeriLawyer                                                                  | Chartered                                          | <i>x</i> -5                                   | 22030                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|            | 343 Almeria A                                                                | venue (Name)                                       | <u>-</u> <u>-</u> <u>-</u>                    |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|            |                                                                              | (Office address)                                   |                                               |                                       | e de la composición dela composición de la composición dela composición de la composición de la composición dela composición dela composición de la composición de la composición dela composición de la composición dela composición dela composición |
|            | Coral Gables,                                                                |                                                    |                                               | <b>51-2-</b> 331:                     | 34                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|            |                                                                              | (City)                                             |                                               | , Florida , <sup>331.</sup><br>(Zio C | odel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Registe    | red agent's accepts                                                          |                                                    | *                                             |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| n hoon n   | smod se meletemel e                                                          | ince:                                              |                                               |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| i neen n   | amed as registered ag                                                        | gent and to accept sed in this application         | ervice of proce                               | ess for the abov                      | e st                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ration a   | t the place designation<br>Intand agree to acting<br>relative to the proper. | אוזפאווחתת פוחז חו טי                              | 7 <i>                                    </i> |                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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. Names and addresses of officers and/or directors: (Street address only- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

| Chairman:                                                       | Scephen Paul Dumphy                                                                                                                                         |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Address:                                                        | 8949 Harding Avanue                                                                                                                                         |
|                                                                 | Surfeide, Florida 33154                                                                                                                                     |
| Vice Chair                                                      | man: Silvia B. Dunphy                                                                                                                                       |
| Address:                                                        | 3416 North Johanna Boulevard                                                                                                                                |
|                                                                 | Broken Arrow, Oklahoma 74014                                                                                                                                |
| Director: _                                                     | Andrew L. McDonald                                                                                                                                          |
| Address:                                                        | 8949 Harding Avenue                                                                                                                                         |
|                                                                 | Surfside, Florida 33154                                                                                                                                     |
| Director: _                                                     |                                                                                                                                                             |
| Address:                                                        |                                                                                                                                                             |
|                                                                 |                                                                                                                                                             |
|                                                                 | · · · · · · · · · · · · · · · · · · ·                                                                                                                       |
| B.OFFIC                                                         | ERS (Street address only- P. O. Box NOT acceptable)                                                                                                         |
|                                                                 | ERS (Street address only- P. O. Box NOT acceptable) Stephen Paul Dunphy                                                                                     |
| President:                                                      | ERS (Street address only- P. O. Box NOT acceptable) Stephen Paul Dunphy  8949 Harding Avenue                                                                |
| President:                                                      | Stephen Paul Dunphy                                                                                                                                         |
| President:_<br>Address: _                                       | Stephen Paul Dunphy<br><br>8949 Harding Avenue                                                                                                              |
| President: Address: Vice President                              | Stephen Paul Dunphy  8949 Harding Avenue  Surfside. Florida 33154                                                                                           |
| President: Address: Vice President                              | Stephen Paul Dunphy  8949 Harding Avenue  Surfside. Florida 33154  dent: Silvia B. Dunphy                                                                   |
| President: Address: Vice President: Address:                    | Stephen Paul Dunphy  8949 Harding Avenue  Surfside. Florida 33154  dent: Silvia B. Dunphy  8949 Harding Avenue                                              |
| President: Address: Vice President Address: Secretary:          | Stephen Paul Dunphy  8949 Harding Avenue  Surfside. Florida 33154  dent: Silvia B. Dunphy  8949 Harding Avenue  Surfside, Florida 33154                     |
| President: Address: Vice President Address: Secretary: Address: | Stephen Paul Dunphy  8949 Harding Avenue  Surfside. Florida 33154  dent: Silvia B. Dunphy  8949 Harding Avenue  Surfside, Florida 33154  Andrew L. McDonald |

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

Charman, Vice Chairman, or any officer listed in number 12 of the application)

DIVISION OF CORPORATIONS

95 DEC 10 PH 12: 50

