### TRANSMITTAL LETTER

То:	Qualification/Tax l Division of Corpor	Lien Section ations					
SUBI	ECT:	John Isleib Ministries, Inc.					
		(Name of corporation - must include suffix)	-				
Dear :	Sir or Madam:						
Ceru	nclosed "Application ficate of Existence", ct business in Florida	by Foreign Corporation for Authorization to Transact Business and check are submitted to register the above referenced foreign	in Florida", 1 corporation to				
Please	return all correspond	lence concerning this matter to the following: 7000025	5737274				
		John Isleib -86/26,	/3801085001 /0.00 *****70.00				
		(Name of Person)	W98-14769				
		John Isleib Ministries, Inc.	W 10-1-1101				
		(Firm/Company)	•				
	<del></del>	P.O. Box 16768	i i i i i i i i i i i i i i i i i i i				
		(Address)					
		Jacksonville, FL 32245	JUL PESSE				
		(City/State/Zip)	ร <u>ะ</u> ตุลเราะเก				
		neone concerning this matter, please call:	FD STATE				
Jor	(Name of Person)	at (904 ) 223-3171	<del>-</del>				
	(rame of reison)	(Area Code & Daytime Telephone Numb	er) TIUM				
COUR	UER ADDRESS:	MAILING ADDRESS:	7/20				

Qualification/Tax Lien Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

Qualification/Tax Lien Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 26, 1998

JOHN ISLEIB JOHN ISLEIB MINISTRIES, INC. P.O. BOX 16768 JACKSONVILLE, FL 32245

SUBJECT: JOHN ISLEIB MINISTRIES, INC.

Ref. Number: W98000014769

We have received your document for JOHN ISLEIB MINISTRIES, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

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

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

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 898A00035181

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

John Isleib Ministries, Inc.

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA,

2. Minne:				4	L-1875384		····	
•	ry under the law of v	_			(FEI number, if	applicable)		
Apri.	1 29, 1997 ate of incorporation)	5.	Ahmeinn	Perpet	ill cease to exist		»\	•
(D	ate of incorporation)	•	(тизпон:	rear corp. v	ni cease to exist	or perpetual	)	
	ary 1, 1998		-					<del>.</del>
(Date fi	st transacted busines	is in Florida.) (SEE	SECTIONS	607.1501, 6	07.1502 and 817.	155, F.S.)		
7								
P.O.	Box 16768,	Jacksonvil	le, FL	32245			96	3
<u> </u>		(Current ma					Ē	<u> </u>
							L 20	<u> </u>
	gious Minist						-	
(Purpos	e(s) of corporation a	uthorized in home s	state or coun	try to be carr	ied out in state of	f Florida)	ı	<u>구</u> 유단
9. Name and st	treet address of Fl	orida registered	agent: (P.	O. Box or M	ail Drop Box N	OT accepta	blen co	3TA]
9. Name and st	treet address of Fl	_	agent: (P.	D. Box or M	lail Drop Box <u>N</u>	OT accepta	blen co	TATE
Name:		b		O. Box or M	ail Drop Box <u>N</u>	OT accepta	blen	TATE
Name:	John Islei 12931 Wint	b hrop Cove D	r.	<b></b> ·	•	OT accepta	blen	TATE Convey
Name:	John Islei 12931 Wint	b	r.	<b></b> ·	•	OT accepta	blen co	TATE
Name: Office Address:	John Islei 12931 Wint Jacksonvil	b hrop Cove D le,	r.	<b></b> ·	•	OT accepta	blem co	TATE
Name: Office Address:	John Islei 12931 Wint	b hrop Cove D le,	r.	<b></b> ·	•	OT accepta	blem co	TATE

<sup>11.</sup> 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.



2200 N. Glassell Street, Orange, CA 92665 Telephone 714/998 0900 FAX 714/998 6059

July 17, 1998

#### FLORIDA DEPARTMENT OF STATE

Qualification/Tax Lien Section Division of Corporations Attn: Mr. Michael Mays P. O Box 6327 Tallahassee, FL 32314

Re: W98000014763, Copy Attached

Dear Mr. Mays:

Enclosed you will find an affidavit signed by Ms. Susan Corrales-Diaz, the President of Systems Analysis & Integration, Inc., dba Systems Integrated, stating that, in fact, the company was and is not currently transacting business in the state of Florida, pursuant to section 607.1501 of the Florida Statutes.

Should you have any questions or require anything further, please don't hesitate to give me a call at 714/998-0900.

Sincerely,

SYSTEMS INTEGRATED

Joseph H. Skinner

Controller

JHS/cr

SER: 5378-8B

#### AFFIDAVIT

I. Susan Corrales-Diaz, President of Systems Analysis & Integration, Inc. (SI) do hereby certify that erroneous information with regard to the date first transacted business in Florida was submitted on the Application by Foreign Corporation for Authorization to Transact Business in Florida.

During 1997 the company was selling through an independent contractor and, therefore, was not transacting business within Florida pursuant to Florida Statute 607.1501(2)(e).

Currently (1998) SI is transacting business in intrastate commerce (607.1501(2)(i) and, therefore, is not considered to be transacting business in Florida per Florida Statue 607.1501.

Susan Corrales-Diaz President

7-14-98

State of California County of OKANGO

On TULY 16,1998 before me, personally appeared SUSAN CORRALES - OIAZ personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature Marpre Carel Sous

(Seal)



12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)	ı
A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	
Chairman:John Isleib	
Address: 12931 Winthrop Cove Dr., Jacksonville, FL 32224	
Vice Chairman avia Isleib	
Address: 12931 Winthrop Cove Dr., Jacksonville, FL 32224	
Director: Sam Black Treasurer	
Address: 56 Melody Lane, Maggie Valley, N.C. 28751	
Director:	
Address:	
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	38. Se
President: Same as above	
Address:	
	<u> </u>
Vice President:	- 5 A
Address:	- · · · · · · · · · · · · · · · · · · ·
Secretary:	
Address:	
Treasurer:	
Address:	
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or direction of the application listing additional officers and/or direction of the application of the ap	

(Typed or printed name and capacity of person signing application)

# state of Minnesota

## **SECRETARY OF STATE**

#### Certificate of Good Standing

I, Joan Anderson Growe, Secretary of State of Minnesota, do certify that: The corporation listed below is a corporation formed under the laws of Minnesota; that the corporation was formed by the filing of Articles of Incorporation with the Office of the Secretary of State on the date listed below; that the corporation is governed by the chapter of Minnesota Statutes listed below; and that this corporation is authorized to do business as a corporation at the time this certificate is issued.

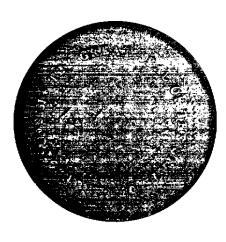
Name: John Isleib Ministries

Date Formed: 04/29/1997

Chapter Governed By: 317A

This certificate has been issued on 07/08/98.

SECRETARY OF STATE



Joan Anderson Grove
Secretary of State.