

# F99000001084

HOLLAND & KNIGHT

Requestor's Name  
315 SOUTH CALHOON STREET

Address  
Tallahassee, Florida 32301

City/State/Zip      Phone #  
224-7000

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- \_\_\_\_ (Corporation Name)      (Document #)
- \_\_\_\_ (Corporation Name)      (Document #)
- \_\_\_\_ (Corporation Name)      (Document #)
- \_\_\_\_ (Corporation Name)      (Document #)

- Walk-in       Pick up time 2:00       Certified Copy
- Mail-out       Will wait       Photocopy       Certificate of Status

RECEIVED  
99 FEB 25 PM 2:03

RECEIVED  
99 FEB 24 AM 10:56

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

NEW FILINGS	
<input type="checkbox"/>	Partic
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

000002787680--4  
-02/25/99-01077-017  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 FEB 25 PM 3:00

mtu  
2/25

Examiner's Initials

**TRANSMITTAL LETTER**

**TO:** Qualification/Registration Section  
Division of Corporations

**SUBJECT:** HARVEST FOUNDATION, INC.  
(Name of Corporation)

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conducts its affairs in Florida.

Please return all correspondence concerning this matter to the following:

MORRIS MILLER, ESQ.  
(Name of Person)  
c/o HOLLAND & KNIGHT, LLP  
(Firm/Company)  
315 South Calhoun Street, Suite 1600  
(Address)  
Tallahassee, FL 32301  
(City, State and Zip Code)

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For further information concerning this matter, please call:

Morris Miller at ( 850 ) 224 - 7000  
(Name of Person) Area Code & Daytime Telephone Number

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

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR  
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

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

1. HARVEST FOUNDATION, INC.  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. IOWA 3. applied for  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. February 3, 1999 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Filing of Application  
(Date corporation first conducted Affairs in Florida - See sections 617.1501, 617.1502, and 817.155, F.S.)

7. 2033 Main Street, Suite 300  
Sarasota, FL 34237  
(Current mailing address)

8. Religious, charitable, educational and literary purposes to support the  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)  
Gospel of Jesus Christ and Christian values.

9. Name and street address of Florida registered agent:

Intrastate Registered Agent Corporation  
(Name)

701 Brickell Avenue, Suite 3000  
(Office address)

Miami, Florida, 33131-3209  
(City) (Zip Code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

*Intrastate Registered Agent Corporation,*

*by: Morris Miller, as its vice president*

Morris Miller (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other

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99 FEB 25 PM 3:00

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: James O. McCarver

Address: 2033 Main Street, Suite 300

Sarasota, Florida 34237

Vice Chairman: Pat McCarver

Address: 2033 Main Street, Suite 300

Sarasota, FL 34237

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: James O. McCarver

Address: 2033 Main Street, Suite 300

Sarasota, FL 34237

Vice President: Pat McCarver

Address: 2033 Main Street, Suite 300

Sarasota, FL 34237


Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

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

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

James O. McCarver  
(Typed or printed name and capacity of person signing application)

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# IOWA

No. W00204816  
Date: 02/04/1999

## SECRETARY OF STATE

504ADN-000225149  
HARVEST FOUNDATION, INC.

### CERTIFICATE OF INCORPORATION

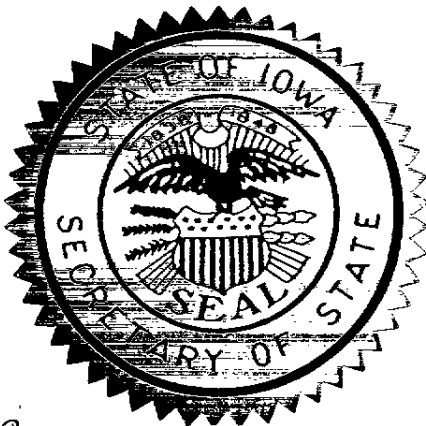
HARVEST FOUNDATION, INC.

has filed articles of incorporation in this office and is hereby authorized to transact business as a corporation under the provisions of Iowa Code chapter 504A.

The document was filed on February 3, 1999, at 01:40 PM, to be effective as of February 3, 1999, at 01:40 PM.

The amount of \$20.00 was received in full payment of the filing fee.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 FEB 25 PM 3:00



*Chester J. Butler*  
SECRETARY OF STATE

