

**W19000003537**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

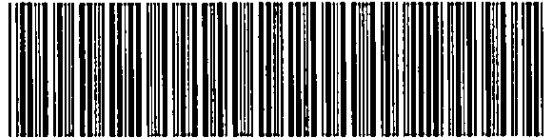
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W19-33366

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2019 MAR 29 PM 1:34  
CLERK OF STATE  
TALLAHASSEE FLORIDA

D. BRUCE  
APR 09 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 30, 2019

SCOTT WALLIS  
7084 GULF TO LAKE HWY, STE H  
CRYSTAL RIVER, FL 34429

SUBJECT: VANGUARD MINISTRIES INTERNATIONAL, LLC  
Ref. Number: W19000032366

We have received your document for VANGUARD MINISTRIES INTERNATIONAL, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce  
Corporate Records Supervisor II

Letter Number: 119A00006354

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Vanguard Ministries International, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Scott Wallis

Name of Person

Firm/Company

7084 Gulf to Lake Hwy, Suite H

Address

Crystal River, FL 34429

City/State and Zip Code

allnationsworship@earthlink.net

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

For further information concerning this matter, please call:

Scott Wallis

224

200-5175

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☒ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2019 MAR 29 PM 1:34

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA**

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Vanguard Ministries International, L.L.C  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

The Miracle Centre, L.L.C

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Illinois 3. 83-2356646  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7084 Gulf to Lake Hwy 6. \_\_\_\_\_  
(Street Address of Principal Office) (Mailing Address)

Suite H

Crystal River, FL 34429

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

Name: Scott Wallis

Office Address: 7084 Gulf to Lake Hwy, Suite H

Crystal River, Florida 34429  
(City) (Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company 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.*

Scott Wallis  
(Registered agent's signature)

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2019 MAR 29 PM 1:34  
TALLAHASSEE FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**

☐ Manager Name: All Nations Worship Center, Inc.

☒ Member Address: 1210 Hunter Dr.

☐ Authorized Suite A

Person Elgin, IL 60120

☐ Other ☐ Other

☐ Manager Name: Cecilia Wallis

☐ Member Address: 1423 Karen Dr

☒ Authorized West Dundee, IL 60118

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Scott Wallis

☐ Member Address: 6215 W Glynn Loop

☐ Authorized Crystal River, FL 34429

Person

☐ Other ☐ Other

☐ Manager Name: Robert Dale

☐ Member Address: 2543 Emily Lane

☒ Authorized Elgin, IL 60124

Person

☐ Other ☐ Other

☐ Manager Name:

☐ Member Address:

☐ Authorized

Person

☐ Other ☐ Other

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

*Scott Wallis*

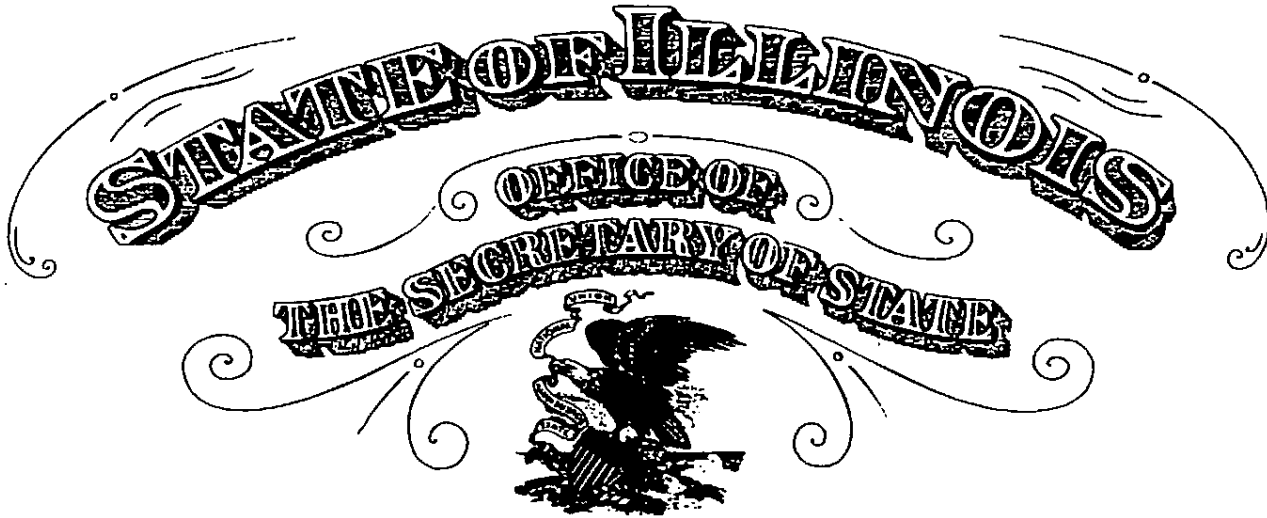
Signature of an authorized person

SCOTT WALLIS

Typed or printed name of signer

File Number

0730642-3



**To all to whom these Presents Shall Come, Greeting:**

***I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that***

VANGUARD MINISTRIES INTERNATIONAL, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON OCTOBER 26, 2018, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 12TH day of MARCH A.D. 2019 .***

*Jesse White*

SECRETARY OF STATE