FILED Feb 26, 2003 8:00 am Secretary of State 02-12-2003 90158 001 ***140.00

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I. Entity Name ALLIED VE ST #2, INC	TERANS OF THE WORLD	womens auxiliary	PO PO					
Principal Place 1965 STATE RD SAINT AUGUSTI US	9 16	Mailing Address PO BOX 840149 SAINT AUGUSTINE FL 46 US	86 2086	1 11411141 511 11			11 11 11 11 11	
2. Principal Pla	ace of Business	3. Mailing Address			}	IT BE u n outh eigh eu		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State	9	City & State	- -	4. FEI Number 50	-2970714	No	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta		\$8.75 Add		
	6. Name and Address of Curren	nt Registered Agent		7. Name and Add	ess of New Registe	red Agent		
-	و المراجع الم		= Name ==	·		The state of the s		
Bowles, 694 Aleii	DA OR		Street Ac	ddress (P.O. Box Number Is N	lot Acceptable)			
" SAINT AU	UGUSTINE FL 32086							
			City			FL Zip Code	e	
SIGNATURE -		. 1001. 4 4 10-	TE: Danistamo donne sincere	re required when reinstation?	D	ATÉ		
	Signature, typed or printed name of registered age	9. Election C	OTE: Registered Agent signature ampaign Financing Contribution.	\$5.00 May Be Added to Fees	Make C	heck Payable epartment of S		
F	FILE NOW: FEE IS \$61.25	9. Election C Trust Fund	ampaign Financing	\$5.00 May Be Added to Fees	Make C Florida De	heck Payable partment of to DIRECTORS IN	State	
F 10.		9. Election C Trust Fund	ampaign Financing Contribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Make C Florida De	heck Payable partment of S	State	
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I nereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PRINCIPLE OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #