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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1515

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DIVISION OF CORPORATIONS

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FOREIGN PROFIT/NONPROFIT CORPORATION  
YOUTH SPECIALTIES

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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Corporate Filing Menu

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J. Shivers JAN 18 2012

**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. **YOUTH SPECIALTIES, 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. **MINNESOTA**

(State or country under the law of which it is incorporated)

3. \_\_\_\_\_  
(FEI number, if applicable)4. **06-29-2011**

(Date of Incorporation)

5. **PERPETUAL**

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)7. **3530 E 28th Str MINNEAPOLIS MN, 55406**

(Principal office address)

**3530 E 28th Str MINNEAPOLIS MN, 55406**

(Current mailing address)

8. **YOUTH MINISTRY TRAINING FOR PASTOR AND YOUTH WORKERS**

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)Name: **Corporation Service Company**Office Address: **1201 Hays Street****Tallahassee**, Florida **32301**

(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.

Corporation Service Company

By: \_\_\_\_\_

**Lamont W Jones, Assistant VP**

(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 official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## 12. Names and addresses of officers and/or directors:

**A. DIRECTORS**Chairman: PAUL A BERTELSONAddress: 3530 EAST 28TH STREET MINNEAPOLIS MN 55406

Vice Chairman: \_\_\_\_\_

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

Director: JOHN POTTSAddress: 263 LILY POND LANE VADNAIS HEIGHTS MN 55127Director: TERRI ELTONAddress: 2481 COMO AVENUE SAINT PAUL MN 55108**B. OFFICERS**

President: \_\_\_\_\_

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

Vice President: JOHN POTTSAddress: 3530 EAST 28TH ST MINNEAPOLIS MN 55406

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)

14. JOHN POTTS, VICE PRESIDENT

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

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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**Florida 32301**

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Corporation Service Company

By: \_\_\_\_\_

**Lamont W Jones, Assistant VP**

(Registered agent's signature)

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TALLAHASSEE, FLORIDA

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

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

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

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

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

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

2012 JAN 7 AM 8:54  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: YOUTH SPECIALTIES

Date filed: 06/29/2011

File Number: 4363430-2

Minnesota Statutes, Chapter: 317A

Home Jurisdiction: Minnesota

This certificate reflects data thru: 11/02/2011

This certificate has been issued on: 01/10/2012

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Mark Ritchie*

Mark Ritchie  
Secretary of State  
State of Minnesota