P19000001214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Spoke to Juan on 3/14/19
Heather Little Should be
Director also add NO
in name

2/15

Office Use Only

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
MAR 14 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2019

JUAN BOTHA
1260 COMMONS CT
CLERMONT, FL 34711

SUBJECT: THRIVE AND REVIVE MINISTRIES SMOCH PRIORY NO 155
Ref. Number: W19000010161

We have received your document for THRIVE AND REVIVE MINISTRIES SMOCH PRIORY NO 155 and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

PLease add the florida suffix (inc.,co,corp) ti the company name on the ssecond line of application

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) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 119A00004087

RECEIVED
MAR 07 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2019

JUAN BOTHA
1260 COMMONS CT
CLERMONT, FL 34711 US

SUBJECT: THRIVE AND REVIVE MINISTRIES SMOCH PRIORY NO 155
Ref. Number: W19000010161

We have received your document for THRIVE AND REVIVE MINISTRIES SMOCH PRIORY NO 155 and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

Please return the corrected original and one copy of 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) 245-6051.

Janeice L Smith
Regulatory Specialist II
Registration Section

Letter Number: 219A00002292

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thrive and Revive Ministries SMOCH Priory 155
Name of Corporation – must include suffix

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Juan Botha
Name of Person

Thrive and Revive Ministries SMOCH Priory 155
Firm/Company

1260 Commons Ct
Address

Clermont, FL 34711
City/State and Zip Code

rustybot.juan@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan Botha at (337) 781 2060
Name of Person — Area Code — Daytime Telephone Number

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
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**

- ☐ $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. Thrive and Revive Ministries SMOCH Priory No155
(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.)

Thrive and Revive Ministries SMOCH Priory No155 Corp
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

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

3. 83 0632652
(FEI number, if applicable)

4. 05/22/2018
(Date of incorporation)

5. _____
(Date of duration, if other than 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. 1260 Commons ct, Clermont, FL 34711
(Principal office **street** address)

_____
(Current mailing address, if different)

8. Church / Ministry
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

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TALLAHASSEE, FLORIDA

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

Name: Juan Botha

Office Address: 1260 Commons ct

Clermont, Florida 34711
(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.

_____
(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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐Chairman Name: Juan Botha
☐Vice Chairman Address: 1260 Commons Ct
☐Director Clermont, FL 34711
☒President
☐Vice President
☐Secretary ☐Treasurer
☐Other: ☐ Other:

☐Chairman Name: Ilse Spears
☐Vice Chairman Address: 1260 Commons Ct
☒Director Clermont, FL 34711
☐President
☐Vice President
☐Secretary ☐Treasurer
☐ Other: ☐ Other:

☐Chairman Name: Heather Hidock
☐Vice Chairman Address: 1260 Commons Ct
☒Director Clermont, FL 34711
☐President
☐Vice President
☐Secretary ☐Treasurer
☐Other: ☐ Other:

☐Chairman Name:
☐Vice Chairman Address:
☐Director
☐President
☐Vice President
☐Secretary ☐Treasurer
☐ Other: ☐ Other:

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FLORIDA

☐Chairman Name:
☐Vice Chairman Address:
☐Director
☐President
☐Vice President
☐Secretary ☐Treasurer
☐Other: ☐ Other:

☐Chairman Name:
☐Vice Chairman Address:
☐Director
☐President
☐Vice President
☐Secretary ☐Treasurer
☐ Other: ☐ Other:

NOTE: 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.

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

14. Juan Botha (President)
(Typed or printed name and capacity of person signing application)

UNITED STATES OF AMERICA

The State of Washington

Secretary of State

I, **KIM WYMAN**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

THRIVE AND REVIVE MINISTRIES SMOCH PRIORY NO 155

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 05/22/2018.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 01/22/2019
UBI Number: 604 287 758

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman

Kim Wyman, Secretary of State

Date Issued 01/22/2019