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19 JUN 20 AM 10:42
STATE
FALL ABBASSSEE FLORIDA

19 JUN 20 AM 11:58
STATE

B KINSEY
JUN 21 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 806248 8049580

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 720.00

ORDER DATE : June 12, 2019

ORDER TIME : 10:06 AM

ORDER NO. : 806248-040

CUSTOMER NO: 8049580

FOREIGN FILINGS

NAME: TRINITY HEALTHSHARE, INC.

19 JUN 20 AM 10:42
REGISTRATION DIVISION
TALLAHASSEE, FLORIDA

XXXX QUALIFICATION (TYPE: NP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

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. Trinity HealthShare, 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.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware 3. 83-1050344
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/27/2018 5. _____
 (Date of Incorporation) (Date of duration, if other than perpetual)

6. 08/13/2018
 (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 5901 Peachtree-Dunwoody Rd., Suite C160, Atlanta, GA 30342
 (Principal office address)

(Current mailing address, if different)

8. Healthcare sharing ministry
 (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)

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 DEPARTMENT OF STATE
 TALLAHASSEE FLORIDA
 FILED

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: Roxanne Turner
 (Registered agent's signature)

Roxanne Turner
 Asst. Vice President

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. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: William H. Thead, III

Address: 5901 Peachtree-Dunwoody Rd., Suite C160, Atlanta, GA 30342

Vice Chairman: _____

Address: _____

Director: David R. Thead

Address: 5901 Peachtree-Dunwoody Rd., Suite C160, Atlanta, GA 30342

Director: _____

Address: _____

B. OFFICERS

President: William H. Thead, III

Address: 5901 Peachtree-Dunwoody Rd., Suite C160, Atlanta, GA 30342

Vice President: _____

Address: _____

Secretary: David R. Thead

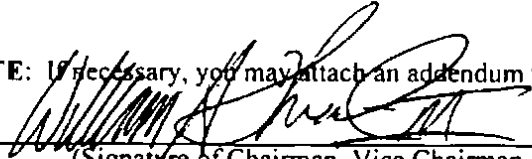
Address: 5901 Peachtree-Dunwoody Rd., Suite C160, Atlanta, GA 30342

Treasurer: David R. Thead

Address: 5901 Peachtree-Dunwoody Rd., Suite C160, Atlanta, GA 30342

REC'D
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. William H. Thead, III, Chairman
(Typed or printed name and capacity of person signing application)

Delaware

Page 1

The First State

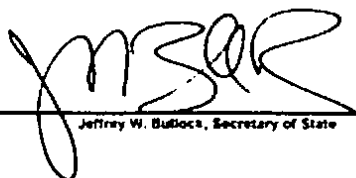
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TRINITY HEALTHSHARE, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTH DAY OF JUNE, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TRINITY HEALTHSHARE, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2018.




Jeffrey W. Bullock, Secretary of State

6951163 8300C

SR# 20195100079

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202973798

Date: 06-06-19