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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

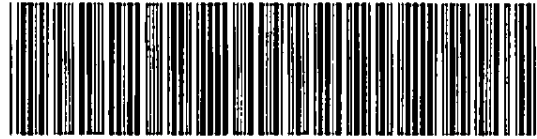
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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A H R E N S D E A N G E L I

L A W G R O U P

December 2, 2021

VIA EXPRESS MAIL

Registration Section
Florida Division of Corporations
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303

Re: Grant's Crusade, Inc.

To Whom it May Concern:

Please find enclosed the original and one photocopy of the following documents prepared for Grant's Crusade, Inc.:

- Cover Letter
- Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida
- Original Certificate of Good Standing from the State of South Dakota

Also enclosed is a check for \$70 to cover the required filing fees. Once these documents are filed, please return a filed copy to my attention. I have enclosed a pre-addressed, Federal Express envelope for your use.

If you have any questions, please feel free to contact me at (208) 639-7799 or via email at dbakerpurdy@adlawgroup.com.

Very truly yours,

Donna Baker Purdy
Paralegal for Darin DeAngeli
DRB att

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Grant's Crusade, Inc.
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:

Darin DeAngeli
Name of Person
Ahrens DeAngeli Law Group LLP
Firm/Company
P.O. Box 9500
Address
Boise, ID 83707-9500
City/State and Zip Code
dbakerpurdy@adlawgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darin DeAngeli at (208) 639-7799
Name of Person Area Code Daytime Telephone Number

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. Grant's Crusade, 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. South Dakota 3. 85-3796811
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. November 5, 2020 5. Perpetual
(Date of Incorporation) (Date of duration, if other than perpetual)

6. January 1, 2021
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 5078 Pope John Paul II Blvd., Ste. 300, Ave Maria, FL 34142
(Principal office street address)

Same
(Current mailing address, if different)

This corporation is organized exclusively for religious, charitable, scientific, literary, or educational purposes within the meaning of § 501(c)(3) of the Internal Revenue Code, including, but not limited to, making distributions to organizations which qualify as tax exempt organizations under § 501(c)(3) of the Internal Revenue Code and conducting any lawful activity consistent with the foregoing purposes.

8. (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: Emilio Burillo

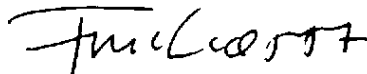
Office Address: 430 Grand Bay Drive, Apt. 1201

Key Biscayne, Florida 33149
(City) (Zip Code)

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 TALLAHASSEE, FLORIDA

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: Javier Burillo
 Vice Chairman Address: 4542 Battlecreek Way
 Director Ave Maria, FL 34142
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: Alexandra P. Burillo Aleman
 Vice Chairman Address: 50 Wooster Street, Apt. 4NF
 Director New York, NY 10013
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

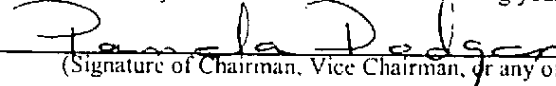
Chairman Name: Emilio Burillo
 Vice Chairman Address: 430 Grand Bay Drive, Apt. 1201
 Director Key Biscayne, FL 33149
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: Lisa Biddle Dedmore
 Vice Chairman Address: 4542 Battlecreek Way
 Director Ave Maria, FL 34142
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: Pam Dodgen
 Vice Chairman Address: 650 Town Center Drive
 Director Suite 1650
 President Costa Mesa, CA 92626
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: Daniel Dodgen
 Vice Chairman Address: 650 Town Center Drive
 Director Suite 1650
 President Costa Mesa, CA 92626
 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. Pam Dodgen
 (Typed or printed name and capacity of person signing application)

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: Javier Burillo
 Vice Chairman Address: 4542 Battlecreek Way
 Director Ave Maria, FL 34142
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: Alexandra P. Burillo Aleman
 Vice Chairman Address: 50 Wooster Street, Apt. 4NF
 Director New York, NY 10013
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: Emilio Burillo
 Vice Chairman Address: 430 Grand Bay Drive, Apt. 1201
 Director Key Biscayne, FL 33149
 President _____
 Vice President _____
 Secretary Treasurer
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Chairman Name: Lisa Biddle Dedmore
 Vice Chairman Address: 4542 Battlecreek Way
 Director Ave Maria, FL 34142
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: Pam Dodgen
 Vice Chairman Address: 650 Town Center Drive
 Director Suite 1650
 President Costa Mesa, CA 92626
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: Daniel Dodgen
 Vice Chairman Address: 650 Town Center Drive
 Director Suite 1650
 President Costa Mesa, CA 92626
 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. *Pamela Dodgen*
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Pam Dodgen
 (Typed or printed name and capacity of person signing application)

State of South Dakota

Office of the Secretary of State

Certificate of Good Standing

Domestic Nonprofit Corporation

I, **Steve Barnett**, Secretary of State of the State of South Dakota, hereby certify that

Grant's Crusade, Inc.

Business ID: NS190796

was authorized to transact business in this state on: November 5, 2020.

I, further certify that **Grant's Crusade, Inc.** has complied with the laws of this State relative to the formation of Certificate of Good Standing/Authorizations of its kind and is now regularly and properly organized and existing under the laws of this State and is in Good Standing, as shown by the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of its financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of South Dakota, in Pierre, the Capital City, this day, November 9, 2021.

Steve Barnett

Steve Barnett
Secretary of State

11/09/2021 11:41 AM

Verification #: 014994537