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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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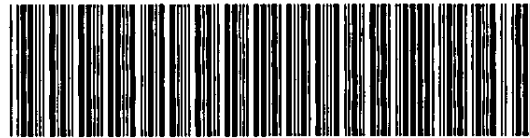
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 09/30/14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Michael Tate Ministries 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:

Michael W Tate
Name of Person

Michael Tate Ministries Inc
Firm/Company

1 Bahia Court Ln.
Address

Ocala, FL 34472
City/State and Zip Code

Mtatemin@a-g-mail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Tate at (352) 292-3003
Name of Person Area Code & Daytime Telephone Number

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

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☒ \$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. Michael Tate ministries 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. OHIO 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/17/1982 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Starting a church on Oct 4th 2014
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 923 N. Maple St. Eaton, Ohio 45320
(Principal office address)

P.O. Box 830534 ³⁴⁴⁸³ OR 1 Bahia Court LN Ocala, Fl. 34472
(Current mailing address)

8. Church & Evangelism
(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: Michael Tate

Office Address: 1 Bahia Court LN

Ocala, Fl., Florida 34472
(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.

Rev Michael W. Tate
(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. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Michael W. Tate

Address: 1 Bahia Court Ln

Ocala, FL 34472

Vice President: Elisa Tate

Address: Same as above

Secretary: Pamela Myers

Address: 923 N. Maple St. Eaton, Ohio 45320

Treasurer: Elisa Tate

Address: Same as above

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Rev. Michael W. Tate - Pres / Rev. Michael Tate
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Elisa Tate - Vice pres / Elisa Tate
(Typed or printed name and capacity of person signing application)

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SENIOR
FAL. JUDGE
FAL. JUDGE

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show MICHAEL TATE MINISTRIES, an Ohio not for profit corporation, Charter No. 584970, having its principal location in Hamilton, County of Butler, was incorporated on October 16, 1981 and is currently in GOOD STANDING upon the records of this office.

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TALLAHASSEE, FLORIDA



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 22nd day of September, A.D. 2014.

Jon Husted

Ohio Secretary of State

Validation Number: 201426500997