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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

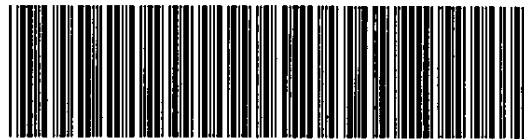
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cody Byrns 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:

Cody Byrns
Name of Person

Cody Byrns Ministries, Inc.
Firm/Company

P.O. Box 809
Address

Brandon, FL 33509
City/State and Zip Code

info@codybyrns.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cody Byrns at (812) 385-6281
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:

- ☒ \$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. Cady Byrns 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. Indiana 3. Not Applicable
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. January 19, 2016 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)
6. No Business Conducted prior to Registration
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
7. 13209 Fox Way Trail, Riverview, FL 33579
(Principal office address)
- P.O. Box 809, Brandon, FL 33509
(Current mailing address, if different)

8. Not-for-Profit corporations to spread God's Word.
(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: Cady Byrns
Office Address: 13209 Fox Way Trail
Riverview, Florida 33579
(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.

 President of CBMI
(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

DIRECTOR

Chairman:

Timon Wille

Address:

P.O. Box 421488

Kissimmee, FL 34742

DIRECTOR

Vice Chairman:

Shanda Minks

Address:

Fox Cities Corps. 130 E. North St.

Appleton, WI 54911

Director:

Jonathan Cooper

Address:

Eagle Creek Corps. 4400 N. High School Rd.

Indianapolis, IN 46254

Director:

San Byrns

Address:

5181 W. 100 N.

Princeton, IN 47670

B. OFFICERS

↑ MORE ON NEXT PAGE

President:

Cody Byrns

Address:

13209 Fox Way Trail

Riverview, FL 33579

Vice President:

NONE

Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Secretary:

Shanda Minks

Address:

Fox Cities Corps. 130 E. North St., Appleton, WI 54911

Treasurer:

San Byrns

Address:

5181 W. 100 N., Princeton, IN 47670

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

13.



President

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

14.

Cody Byrns

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

Director: Cody Byrns

Address: 13209 Fox Way Trail
Riverview, FL 33579

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CLERK OF STATE
TALLAHASSEE, FLORIDA

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

CODY BYRNS MINISTRIES, INC.

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on January 19, 2016, and was in existence or authorized to transact business in the State of Indiana on August 11, 2016.

I further certify this Domestic Nonprofit Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.

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STATE OF INDIANA
TALLAHASSEE, FLORIDA



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 11, 2016

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE

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Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>