F16000004169

(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:				
1016-59608				

Office Use Only



300289369013

08/26/16--01008--006 **70.00

16 SEP 16 PM 3: 29
**CONLIGATE OF STATE
ALLAHASSEE, FLORIDA

77



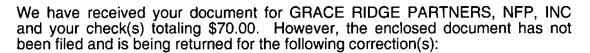
FLORIDA DEPARTMENT OF STATE Division of Corporations

August 29, 2016

CHARLES M. WATKINS 1747 PENNSYLVANIA AVE, N.W., #1000 WASHINGTON, DC 20006

SUBJECT: GRACE RIDGE PARTNERS, NFP, INC

Ref. Number: W16000059608



A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Tanisha L Washington Regulatory Specialist II

Letter Number: 716A00018315

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:

Grace Ridge I	Partners, NFP, Inc.					
import in langua	ration: must include the word "INCORI ge as will clearly indicate that it is a co resent. "Company" or "Co." may not be	rnoration instea	ad of a natural nerson or nartnershin	if not so co	of lik ontair	e ned
(If name unava	ilable in Florida, enter alternate corpora	ate name adopt	ed for the purpose of transacting bus	siness in Fl	orida)	-
2. Illinois		3.2	20-2529364			
(State or cour	ntry under the law of which it is incorpo	orated)	(FEI number, if applicable)		_
4. March 28, 200	5	5				
(E	Date of Incorporation)		(Date of duration, if other than	perpetual)		
6. N/A						
(Date first cond	ucted affairs in Florida if prior to registra	tion. See section	is 617.1501 & 617.1502, F.S, to deter	rmine pena	lty liai	bility.)
, 1128 Hidden F	Bluff, Clermont, FL 34711					
/·		rincipal office a	ddress)			_
		•		ر م در م	_	
Same					5	
	(Current	mailing addres	s, if different)	<u>: = : ^^ </u>	Ä	
				27 L	5	
8. Te	relieve poverty					
(Purpose(s) of	corporation authorized in home state or	country to be o	arried out in the state of Florida)	717	F	Ţ
		(B.O.B.		95	ယ္	
9. Name and str	eet address of Florida registered ago	ent: (P.O. Bo)	(NOT acceptable)	를 등	29	
Name:	Robert J. Stefan					
	1128 Hidden Bluff			•		
	Clermont	FI.	orida 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. Names and addresses of officers and/or directors

A. DIRECTORS			
Robert J. Stefan Chairman:			
1128 Hidden Bluff, Clermont, FL 34711 Address:			_
Vice Chairman:			
Address:			
Marilyn Stefan Director:			
1128 Hidden Bluff, Clermont, FL 34711 Address:			
Michael Harrington Director:			
107 Briar Lane, Morris, IL 60450	in C	16 9	
	13.7	EB T	1
B. OFFICERS		6 PH	٦
President:		ω	
1128 Hidden Bluff, Clermont, FL 34711 Address:	71.1 Orr	29	
Marilyn Stefan			
Vice President: 1128 Hidden Bluff, Clermont, FL 34711 Address:			
Marilyn Stefan			
Secretary:			
1128 Hidden Bluff, Clermont, FL 34711 Address:			
Michael Harrington Treasurer:			
107 Briar Lane, Morris, IL 60450 Address:			
NOTE: Unecessary, you may attach an addendum to the	application listing additional officers and/or di	rectors.	
(Signature of Chairman, Vice Chairman, or any	officer listed in number 12 of the application)	
Robert J. Stefan			•
(Typed or printed name and capa-	city of person signing application)		



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

GRACE RIDGE PARTNERS, NFP, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 28, 2005, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 5TH day of AUGUST A.D. 2016.

Authentication #: 1621802302 verifiable until 08/05/2017
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE

COVER LETTER

a de la companya de l

TO:	Registration Section Division of Corporations						
			Grace Ridge Part	ners, NFP,	Inc.		
SUBJ	ECT:		Name of	Corporat	ion – must in	clude suffix	
Dear S	ir or Madan	n:					
Affair	s in Florida"	, "Cert		nce", or "	Certificate of	Status" and ch	ation to Conduct its seck are submitted to Florida.
Please	return all co	orrespo	ndence concern	ing this m	atter to the fo	ollowing:	
			Charles M. W	atkins			
				Name	of Person		
			Webster, Cha	mberlain &	k Bean, LLP		
	_			Firm/	Company	· · · · · · · · · · · · · · · · · · ·	
			1747 Pennsyl	vania Ave	nue, N.W., #10	000	
							
		<u> </u>		Ac	Idress		
			Washington,	D.C. 2000	6-4693		
			(City/State	and Zip Code		<u></u>
			robertjstefan	@gmail.co	m		
		E-ma	il address: (to b	e used for	future annua	l report notifica	ation)
For fu	rther inform	ation c	oncerning this n	natter, ple	ase call:		
	Charles			at	()	785-9500 ext.	
	N	ame of	Person		Area Code	Daytime Tel	lephone Number
	MAILING Registration	on Sect	ion			Registration S	
Division of Corporations P.O. Box 6327			Division of Corporations Clifton Building				
	Tallahasse		32314				ve Center Circle
Enclos	sed is a chec	k for th	ne following am	ount:			
3 \$76	0.00 Filing I	Fee	□\$78.75 Filing Certificate			Filing Fee & ed Copy	\$87.50 Filing Fee, Certificate of Status & Certified Copy