

F17000002853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

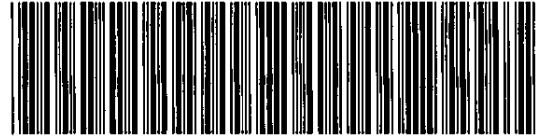
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W17-48440
name

Office Use Only



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17 JUN 22 PM 3:55
DIVISION OF CORPORATIONS

O SIMMONS
JUN 23 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 8, 2017

ZUPETZ
HEATHER ZUPETZ
PO BOX 887
BRADENTON, FL 34206

SUBJECT: Z MINISTROES, INC.
Ref. Number: W17000048440

We have received your document for Z MINISTROES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company," "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons
Regulatory Specialist II

Letter Number: 417A00011606

RECEIVED
2017 JUN 22 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Z 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:

Heather Zupetz
Name of Person
Z Ministries, Inc.
Firm/Company
P.O. Box 887
Address
Bradenton, FL 34206
City/State and Zip Code
accounts@zministries.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Zupetz at (763) 269-1577
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. Z 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.)

Joseph Z Ministries, Inc.

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

2. Minnesota 3. 46-1167554
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 10/09/2012 5. perpetual
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 100 South 5th Street, Suite 1075; Minneapolis, MN 55402
(Principal office address)

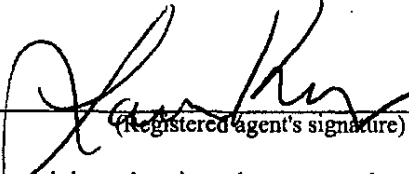
P.O. Box 887, Bradenton, FL, 34206
(Current mailing address, if different)

8. The Corporation is organized exclusively for religious, charitable, scientific, literary, or educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code
(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: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(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)
LAUREN KREATZ
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.

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12. Names and addresses of officers and/or directors

A. DIRECTORS

Joseph Zupetz
Chairman: _____
P.O. Box 887, Bradenton, FL 34206
Address: _____

Heather Zupetz
Vice Chairman: _____
P.O. Box 887, Bradenton, FL 34206
Address: _____

Jason Chandler
Director: _____
P.O. Box 887, Bradenton, FL 34206
Address: _____

Ryan Edberg
Director: _____
P.O. Box 887, Bradenton, FL 34206
Address: _____

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B. OFFICERS


Joseph Zupetz
President: _____
P.O. Box 887, Bradenton, FL 34206
Address: _____

Heather Zupetz
Vice President: _____
P.O. Box 887, Bradenton, FL 34206
Address: _____

Secretary: _____
Address: _____
Heather Zupetz

Treasurer: _____
P.O. Box 887, Bradenton, FL 34206
Address: _____

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)
Heather Zupetz, Vice President/Treasurer

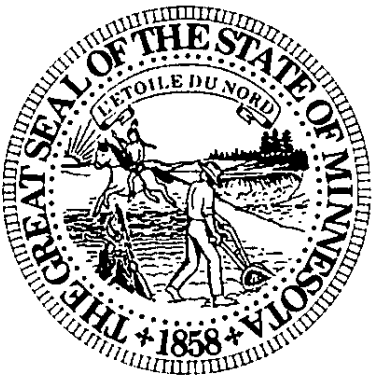
14. _____
(Typed or printed name and capacity of person signing application)

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name: Z Ministries, Inc.
Date Filed: 10/09/2012
File Number: 621356500023
Minnesota Statutes, Chapter: 317A
Home Jurisdiction: Minnesota

This certificate has been issued on: 05/25/2017



Steve Simon

Steve Simon
Secretary of State
State of Minnesota