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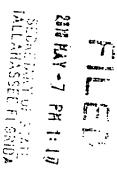
(Requestor's Name)
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COVER LETTER

SUBJECT: FAITHFUL MEN MINISTRIES INCORPORATED

Name of Corporation - must include suffix

TO: Registration Section

Division of Corporations

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:
CLIFFORD HARE Name of Person
Firm/Company
10266 MANORVILLE DRIVE
JACKSONVILLE FL 32221 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CL-FFORD HARE at (904) 781-0088 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 Sectificate of Status Sectified Copy S87.50 Filing Fee. Certified Copy 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:

FAITH	FUL MEN MINISTRIES INCORPORATED ation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like
(Name of corpora import in language in the name at pro	ration; must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like ge as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained esent. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
(If name unavai	ilable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
. TEY	try under the law of which it is incorporated) 3. 02 - 0672710 (FEI number, if applicable)
(State or count	try under the law of which it is incorporated) (FEI number, if applicable)
<u> </u>	7, 2003 ate of Incorporation) 5. (Date of duration, if other than perpetual)
(Data fort assulu	ucted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
10266	MANORVIlle DRIVE JACKSONVIlle, FL. 32221 (Principal office address)
	(Principal office address)
	(Current mailing address, if different)
. Name and stree	orporation authorized in holde state or country to be carried out in the state of Florida) set address of Florida registered agent: (P.O. Box NOT acceptable)
Name	CI: FFOOD HOUSE
Olas Address	1021- Managaille Daire
ince Address.	Toolie will appear to the same of the same
_	City) (Zip Code)
esignated in this arther agree to c	CLIFFORD HAKE 10266 MANORVIlle DRIVE JACKSONVIlle Florida 3222 (City) (Zip Code) agent's acceptance: med as registered agent and to accept service of process for the above stated corporation at the place is application, I hereby accept the appointment as registered agent and agree to activit this capacity. comply with the provisions of all statutes relative to the proper and complete performance of my familiar with and accept the obligations of my position as registered agent.
	Cliff Ware (Registered agent's signature)
	(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: CL.FFORD HARE Address: 10266 MANORVILLE DRIVE JACKSONVIlle, FL 32221 Vice President: PATRICIA HARE Address: 10266 MANORVIlle DRIVE JACKSONVIlle, FL 32221 Secretary: Address: Treasurer: 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)

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

Corporations Section
P.O.Box 13697
Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles of Incorporation for Faithful Men Ministries, Inc. (file number 800171385), a Domestic Nonprofit Corporation, was filed in this office on February 07, 2003.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 03, 2018.



(3/2)

Rolando B. Pablos Secretary of State