

# F18000005535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

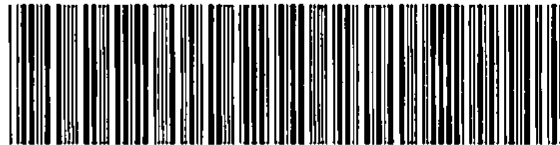
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Macayla M. Nicolaison, Esq.  
Attorney at Law

Town Point Center  
150 Boush Street  
Suite 900  
Norfolk, Virginia 23510

O: 757-625-1400  
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[MNicolaison@goodmanallen.com](mailto:MNicolaison@goodmanallen.com)

November 21, 2018

Florida Department of State  
Division of Corporations  
Registration Section  
P O Box 6327  
Tallahassee, Florida 32314

Re: Unite Health Share Ministries, Inc.

Dear Sir:

Enclosed please find the following documents to be processed on behalf of Unite Health Share Ministries, Inc.:

- 1) Cover Letter;
- 2) Application By Foreign Not For Profit Corporation  
For Authorization To Conduct Its Affairs In Florida;
- 3) Certificate of Good Standing; and
- 4) Check No. 66297 in the amount of \$70 for the registration fee.

Please make your return to this office in the enclosed is self-addressed, stamped envelope for the return.

Thank you for your attention to this matter.

Very truly yours,

Macayla M. Nicolaison

MMN/jmp  
enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Unite Health Share 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:

Macayla Nicolalson

Name of Person

Goodman Allen Donnelly PLLC

Firm/Company

150 Boush Street, Suite 900

Address

Norfolk, VA 23510

City/State and Zip Code

mbabl@uhsml.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Macayla Nicolalson

Name of Person

at (

767

Area Code

625-1400

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:

Unite Health Share Ministries, Inc.

1. \_\_\_\_\_  
(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)

Virginia

2. \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

August 6, 2018

4. \_\_\_\_\_ 5. \_\_\_\_\_  
(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.)

999 Waterside Drive, Suite 2525 and 2600, Norfolk, VA 23510

7. \_\_\_\_\_  
(Principal office address)

(Current mailing address, if different)

religious ministry

8. \_\_\_\_\_  
(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)

C T Corporation System

Name: \_\_\_\_\_

1200 South Pine Island Road

Office Address: \_\_\_\_\_

Plantation 33324

\_\_\_\_\_, Florida \_\_\_\_\_  
(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.

C T Corporation System

By: Stephanie Hencz Stephanie Hencz, Assistant Secretary  
(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.

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SECRETARY OF STATE  
ALLAHABAD SEC. 11.000

12. Names and addresses of officers and/or directors

A. DIRECTORS

Maro Bablot

Chairman:

Address: 999 Waterside Drive, Suite 2525, 2600 Norfolk, VA 23510

Vice Chairman:

Address:

Director: Alesia Bralthevalte

Address: 409 N. PCH #258, Redondo Beach, CA 90277

James Grass

Director:

Address: 103 Roadrunner, Irvine, CA 92603

B. OFFICERS

President: Maro Bablot

Address: 999 Waterside Drive, Suite 2525, 2600 Norfolk, VA 23510

Vice President:

Address:

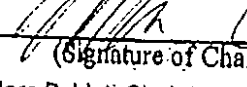
Secretary: Matthew Kim

Address: 999 Waterside Drive, Suite 2525, 2600 Norfolk, VA 23510

Treasurer: Matthew Christopherson

Address: 999 Waterside Drive, Suite 2525, 2600 Norfolk, VA 23510

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. Maro Bablot, Chairman

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

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SECRETARY OF STATE  
FALLASSETT

# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF GOOD STANDING

*I Certify the Following from the Records of the Commission:*

That Unite Health Share Ministries, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is August 6, 2018;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:*  
*October 23, 2018*

*Joel H. Peck*

*Joel H. Peck, Clerk of the Commission*