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Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 739164 _ 7967989

AUTHORIZATION : XXIII

COST LIMIT : \$ 40.00

ORDER DATE: April 24, 2019

ORDER TIME : 11:31 AM

ORDER NO. : 739164-030

CUSTOMER NO: 7967989

FOREIGN FILINGS

NAME: THE NEW SEMINARY, INC.

XXXX QUALIFICATION (TYPE: NP)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

THE NEW SEMINARY, INC. 1301 RIVERPLACE BLVD, SUITE 800 JACKSONVILLE, FL 32207

I, James Speights, of THE NEW SEMINARY, INC. (File Number F17000002204), release the entity name in Florida for use to THE NEW SEMINARY, INC. for the nonprofit qualification from New York to Florida.

Rev. James Speights, Executive Director

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:

l .	SEMINARY, INC.			
(Name of corpora import in languag in the name at pre	tion: must include the word "INCORPORATED" or "CORPORATION" or words or all e as will clearly indicate that it is a corporation instead of a natural person or partnershi sent. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corpora	bbreviatio p if not so tion.)	ns of li conta	ke ned
(If name unavail	able in Florida, enter alternate corporate name adopted for the purpose of transacting by	usiness in	Florida	n)
New York	3.			
	ry under the law of which it is incorporated) 3. (FEI number, if applicable)			_
4. <u>10</u> -18-1991	5. (Date of duration, if other that			
(Da	te of Incorporation) (Date of duration, if other that	n perpetua	ıl)	
5.				
(Date first conduc	eted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S, to det	ermine pe	nalty lie	ibility.
1301 RIVERP	LACE BLVD, SUITE 800 ROCKVILLE, MD 20850			
	(Principal office address)	c	720	_
501 HUNGERFORD DRIVE, UNIT 112 ROCKVILLE, MD 20850			2019 MAY	42. 35,72 ,
				"
	(Current mailing address, if different)	<u>:</u>	~	a Tie
	(Current mailing address, if different)		<u> </u>	i Same
Pali			<u> </u>	graden V
R. Purpose(s) of co		100 mm	<u> </u>	graden V
	(Current mailing address, if different) LOUS EDUACTION rporation authorized in home state or country to be carried out in the state of Florida) et address of Florida registered agent: (P.O. Box NOT acceptable)	E WASSESS TO THE	4-1 AM 10: 06	graden V
	The state of Florida)	E SE	- 1 AM 10: 0	graden V
	The state of Florida)	E WASSER FL	- 1 AM 10: 0	graden V
). Name and <u>stree</u> Name: _	rporation authorized in home state or country to be carried out in the state of Florida) et address of Florida registered agent: (P.O. Box NOT acceptable)	E WASSER TO THE	- 1 AM 10: 0	graden V
). Name and <u>stree</u>	rporation authorized in home state or country to be carried out in the state of Florida) et address of Florida registered agent: (P.O. Box NOT acceptable) Rev. James Speights	E. WAYOUR TE	- 1 AM 10: 0	

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.

By: Registered agent's signardire)

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:	Rev. James Speignts	
Address:	18 GERDES AVE VERONA, NJ 07044	
– Vice Chair	Ana Michelle Festa	
Address: 1	3 GERDES AVE VERONA, NJ 07044	
Director:_		
Director:_		
Address:		
B. OFFI	CERS	
President:_	Michael Festa	
Address:	18 GERDES AVE VERONA, NJ 07044	
Vice Presid		
Address:		
Secretary:_		
Address:		
Address:		
NOTE: I	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	Rev. James Speights, Chairman	
	(Typed or printed name and capacity of person signing application)	



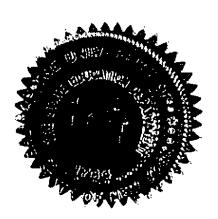
STATE OF NEW YORK)

SS.:

COUNTY OF ALBANY)

I, Alison B. Bianchi, Counsel and Deputy Commissioner for Legal Affairs for the New York State Education Department, hereby certify that The New Seminary, located in the city, county, and state of New York, was incorporated by action of the Board of Regents by the issuance of a Regents certificate of incorporation on October 18, 1991; that the period for which such corporation was created is perpetual; that no certificate or order of dissolution of such corporation has been filed or issued; and that such corporation is currently authorized to do business in the State of New York.

IN WITNESS WHEREOF, I hereunto set my hand and affix the seal of the University of the State of New York and of the State Education Department at the City of Albany, New York on this 30th day of April, 2019.



Alison B. Bianchi Counsel and Deputy Commissioner For Legal Affairs