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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

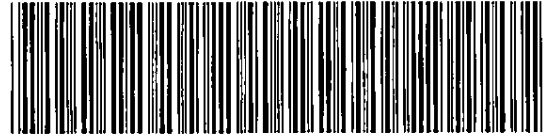
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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19 JUN 27 PM 2:52
SHARL LUTZ SR STATE
TALLAHASSEE FLORIDA

EB KINSEY
JUN 28 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Missio Nexus, 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:

Nora Miller, Esq.

Name of Person

Gray Robinson, P.A.

Firm/Company

301 E Pine Street, Suite 1400

Address

Orlando, FL 32801

City/State and Zip Code

nora.miller@gray-robinson.com

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

11:11 PM
19 JUN 27 PM 2:52
STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Nora Miller

Name of Person

407

843-8880

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

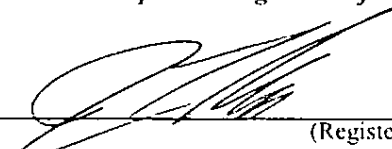
☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$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. Missio Nexus, 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.)
The Mission Exchange (Inc.)
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. New Jersey 3. 22-1666810
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. October 10, 1960 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.)
7. 301 E Pine Street, Suite 1400, Orlando, FL 32801
(Principal office street address)
PO Box 398, Wheaton, IL 60187-0398
(Current mailing address, if different)
8. Tax Exempt Religious Organization
(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: GrayRobinson, P.A.
Office Address: 301 E Pine Street, Suite 1400
Orlando, Florida 32801
(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.

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TALLAHASSEE, FLORIDA

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐Chairman Name: Ted Esler
☐Vice Chairman Address: 655 Village Square Drive, Ste A
☐Director Stone Mountain, GA 30083
☒President _____
☐Vice President _____
☐Secretary ☐Treasurer
☐Other: _____ ☐Other: _____

☐Chairman Name: Gregg Bryce
☐Vice Chairman Address: 655 Village Square Dr, Ste A
☐Director Stone Mountain, GA 30083
☐President _____
☐Vice President _____
☒Secretary ☐Treasurer
☐Other: _____ ☐Other: _____

☐Chairman Name: Karen Primuth
☐Vice Chairman Address: 1537 Ramona Avenue
☒Director South Pasadena, CA 91030
☐President _____
☐Vice President _____
☐Secretary ☐Treasurer
☐Other: _____ ☐Other: _____

☐Chairman Name: Susan Perlman
☐Vice Chairman Address: 60 Haight Street
☒Director San Francisco, CA 94102
☐President _____
☐Vice President _____
☐Secretary ☐Treasurer
☐Other: _____ ☐Other: _____

☐Chairman Name: Ken Katayama
☐Vice Chairman Address: 7520 Monticello Road
☒Director Columbia, SC 29203
☐President _____
☐Vice President _____
☐Secretary ☐Treasurer
☐Other: _____ ☐Other: _____

☐Chairman Name: _____
☐Vice Chairman Address: _____
☐Director _____
☐President _____
☐Vice President _____
☐Secretary ☐Treasurer
☐Other: _____ ☐Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. [Signature]
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Ted Esler, President
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

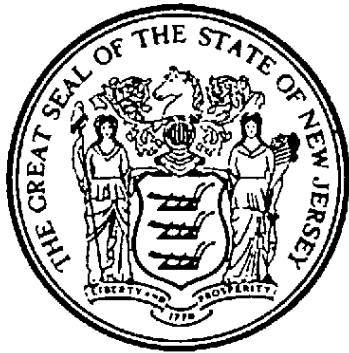
MISSIO NEXUS, INC.
0900028627

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on October 10, 1960.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

REGISTERED AGENTS INC.
FIVE GREENTREE CENTRE, STE. 104
525 ROUTE 73 NORTH
MARLTON, NJ 08053



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
25th day of June, 2019.*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6098504379

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp