(Requestor's Name)			
(Address)	700340892047		
(Address)			
(City/State/Zip/Phone #)			
(Business Entity Name)	02.127.12801014003 ++977.58		
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:	ST CHI NAT 23 PL		
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Office Use Only

T. LEMEUK

COVER LETTER

SUBJECT: STRIVE TO RESTORE MINISTRIES

Name of Corporation - must include suffix

STRM.

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

TO:

Dear Sir or Madam:

Registration Section
Division of Corporations

register the above referenced not for profit corporation to conduct its affairs in Florida.
Please return all correspondence concerning this matter to the following:
DR ANTON S BOTHA
STRUE TO RESTORE MINISTRIES Firm/Company
7505 COUNTRY RUAD 561
CLERMONT FL 34314 City/State and Zip Code
OR ANTON. BUTHA & GMAIL. CUNS. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (337) 781 2150 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 \$\int\text{S70.00 Filing Fee}\$ \$\int\text{S78.75 Filing Fee & \$\int\text{S78.75 Filing Fee & Certificate of Status}\$ \$\int\text{Certified Copy}\$ \$\$ \$87.50 Filing Fee. \$\int\text{Certified Copy}\$



March 7, 2020

DR ANTON S BOTHA 7505 COUNTRY RD 561 CLERMONT, FL 34314

SUBJECT: STRIVE TO RESTORE MINISTRIES

Ref. Number: W20000025145

We have received your document for STRIVE TO RESTORE MINISTRIES and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tracy L Lemieux Regulatory Specialist II

Letter Number: 820A00005063

RECEIVED
MAR 2 3 2020

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:

(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.)
S.T.R.M. INC.
S.T.R.M. INC. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
STATE OF WASHINE TON. EIN. 84-4040581 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 12 24 2019 5. PERPETURE. (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. 7505 COUNTY ROAD 561 CLERMONT FC 3471 (Principal office street address)
8. (Current mailing address, if different) (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Office Address: 750 5 COUNTY ROAD 561
(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 as 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.

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

A. DIRECTOR			2 22 A R 22
⊈ Chairman	Name: ANTON, S, BOTHA	□Chairman	Name: CATHERINA BOTH
□Vice Chairman	Address: 7505 COUNTYRO	□Vice Chairman	Address: 7505 County luAD
□Director	56/	P Director	CLERMONT FL 3471
□President	LLERMONT FL	□President	
□Vice President	34714	□Vice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
□Other:	☐ Other:	Other:	Other:
□Chairman	Name: J LINDSAY	□Chairman	Name: J Aughes
□Vice Chairman	Address: 7505 GR 561	□Vice Chairman	Address: 7505 LL 561
Director	CLERMONT FL	Director	CEEKMONT FL
□President	34714	□President	34714
□Vice President		□Vice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
□Other:	□ Other:	☐ Other:	☐ Other:
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	□Secretary	□Treasurer
Other:		Other:	Other:
NOTE: Importa Non-indexed ind	ant Noder. Use an attachment to report more than six ivited may be added to the index when filing your	(6). The attachment Florida Department	will be imaged for reporting purposes only, of State Annual Report form.
13. <u>4</u>	(Signature of Chairman, Vice Chairman, or any of	ficer listed in number	er 12 of the application)
,	TON S BOTHA (Typed or printed name and capacity of pe		

I, KIM WYMAN. Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

STRIVE TO RESTORE MINISTRIES

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 12/24/2019.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 12/26/2019

UBI Number: 604 559 931

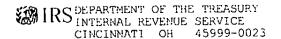
Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kild White Secondary of State

tun Ulyna

Date Issued (2-20-2019)





Date of this notice: 12-19-2019

Employer Identification Number:

84-4040581

Form: SS-4

Number of this notice: CP 575 E

STRIVE TO RESTORE MINISTRIES 7505 COUNTY ROAD 561 CLERMONT, FL 34714

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 84-4040581. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

When you submitted your application for an EIN, you checked the box indicating you are a non-profit organization. Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, Tax-Exempt Status for Your Organization, has details on the application process, as well as information on returns you may need to file. To apply for recognition of tax-exempt status under Internal Revenue Code Section 501(c)(3), organizations must complete a Form 1023-series application for recognition. All other entities should file Form 1024 if they want to request recognition under Section 501(a).

Nearly all organizations claiming tax-exempt status must file a Form 990-series annual information return (Form 990, 990-EZ, or 990-PF) or notice (Form 990-N) beginning with the year they legally form, even if they have not yet applied for or received recognition of tax-exempt status.

Unless a filing exception applies to you (search www.irs.gov for Annual Exempt Organization Return: Who Must File), you will lose your tax-exempt status if you fail to file a required return or notice for three consecutive years. We start calculating this three-year period from the tax year we assigned the EIN to you. If that first tax year isn't a full twelve months, you're still responsible for submitting a return for that year. If you didn't legally form in the same tax year in which you obtained your EIN, contact us at the phone number or address listed at the top of this letter.

For the most current information on your filing requirements and other important information, visit www.irs.gov/charities.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- · Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- · Refer to this EIN on your tax-related correspondence and documents.
- · Provide future officers of your organization with a copy of this notice.

Your name control associated with this EIN is STRI. You will need to provide this information, along with your EIN, if you file your returns electronically.

If you have questions about your EIN, you can contact us at the phone number or address listed at the top of this notice. If you write, please tear off the stub at the bottom of this notice and include it with your letter. Thank you for your cooperation.

Keep this part for your records. CP 575 E (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

9999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 12-19-2019 () –

EMPLOYER 1 DENTIFICATION NUMBER: 84-4040581

FORM: SS-4 NOBOD

STRIVE TO RESTORE MINISTRIES 7505 COUNTY ROAD 561 CLERMONT, FL 34714

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 <u> հունիկոնդի անունուն անունիկոն</u>