## F3000005318

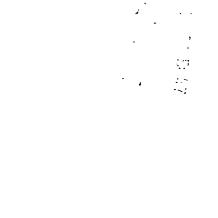
(Re	equestor's Name)				
(Ac	ddress)	······································			
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(Ci	ty/State/Zip/Phone	<del>(</del> #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	usiness Entity Name	<del>)</del>			
(Document Number)					
Certified Copies	Certificates o	of Status			
Special Instructions to Filing Officer:					
. <u> </u>					

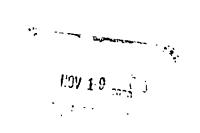
Office, Use Only



000352858730

10/07/20--01015--035 \*\*97.50





## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SHBJ	ECT: Biola University, Inc.						
000	Name of Corporation – must include suffix						
Dear S	Sir or Madam:						
Affair	iclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida". "Certificate of Existence", or "Certificate of Status" and check are submitted to ir the above referenced not for profit corporation to conduct its affairs in Florida.						
Please	return all correspondence concerning this matter to the following:						
	Denise Rodrigues, Controller						
	Name of Person						
	Biola University, Inc.						
	Firm/Company						
	13800 Biola Ave.						
	Address						
	La Mirada, CA 90639						
	City/State and Zip Code						
	denise.rodrigues@biola.edu						
	E-mail address: (to be used for future annual report notification)						
For fu	rther information concerning this matter, please call:						
Denis	e Rodrigues 562 944-0351 x5075 at (						
	Name of Person Area Code Daytime Telephone Number						
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303						
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE  0.00 Filing Fee						



October 9, 2020

**DENISE RODRIGUES** 13800 BIOLA AVE LA MIRADA, CA 90639

SUBJECT: BIOLA UNIVERSITY, INC.

Ref. Number: W20000116255

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

You must have a principal address and it must be a street address.

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: 120A00019842

I apologize - Please See updated form
I had put NA as we only do distance
learning in Florida. I put our
corporate address in.

## 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:

Biola Univers	sity, Inc.		
(Name of corpo import in langu- in the name at p	ration: must include the word "INCORPORATED" or "CORPORATION" or words or all age as will clearly indicate that it is a corporation instead of a natural person or partnershipresent, "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporate.	obreviati p if not tion.)	ons of like so contained
(If name unava	silable in Florida, enter alternate corporate name adopted for the purpose of transacting but	isiness i	n Florida)
2. California	3, 95-0549600		
(State or cou	3, 95-0549600 (FEI number, if applicable) (FEI number, if applicable)	e)	
4. March 27, 190	8 5 N/A		
(1	Date of Incorporation)  5. N/A (Date of duration, if other than	ı perpeti	ial)
7. N/A - Distance	ucted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to detect control of the street address.  (Principal office street address)  Learning Only Came (Current mailing address, if different)	CA_	90639
8. Distance Lean	ring 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)	:•	2
). Name and <u>str</u>	eet address of Florida registered agent: (P.O. Box NOT acceptable)	· ·	급 
Name:	COGENCY GLOBAL INC.	,	5
	115 North Calhoun Street, Suite 4		
	T-11-h	<b>-</b> .	 ्न
	(City), Florida 32301 (Zip Code)	-	
_	•	••	1

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.

Maria Bautista, 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.

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

A. DIRECTOR  □Chairman		H. Corey	□Chairman	Name: _	Michael A. Pierce
□ Vice Chairman	Address:	) Biola Ave.	□Vice Chairman	Address:	13800 Biola Ave.
□Director	La Mirada, CA		□Director		rada, CA 90639
■ President			□President		
□ Vice Presidem			□Vice President		
☐ Secretary		□Treasurer	<b>■</b> Secretary		□Treasurer
□Other:	<del></del>	☐ Other:	■Other:	iversity	□Other:
□Chairman	Name:	rdon Hummel	□Chairman	Name: _	
□Vice Chairman	13800 Address:	Biola Ave.	□Vice Chairman	Address:	s:
□Director	La Mirada, CA	90639	□Director		
□President			□President		
□Vice President			□Vice President		
☐ Secretary		□Treasurer	□Secretary		□Treasurer
■Other:	e Vice Pre:	Other:	□Other:		Other:
□Chairman	Name:		□Chairman	Name: _	
□Vice Chairman	Address:		□Vice Chairman	Address:	s:
Director			□Director		
□President			□President		
□Vice President			□Vice President		
□Secretary		□Treasurer	□Secretary		□Treasurer
Other:	<del></del>	☐ Other:	□Other:		□Other:
Non-indexed indiv	(Signature of Ch	attachment to report more than six (alded to the index when filing your F  Figure 1 of F  airman, Vice Chairman, or any office to Vice President of Finance or printed name and capacity of person	lorida Department of  1114 0 C C  er listed in number	f State At	Annual Report form.



I. ALEX PADILLA, Secretary of State of the State of California, hereby certify:

Entity Name: BIOLA UNIVERSITY, INC.

File Number: C0165755
Registration Date: 02/11/1936

Entity Type: DOMESTIC NONPROFIT CORPORATION

Jurisdiction: CALIFORNIA

Status: ACTIVE (GOOD STANDING)

As of September 7, 2020 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of September 8, 2020.

ALEX PADILLA Secretary of State

Certificate Verification Number: RM32LMZ

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at <a href="mailto:bebit/perification/index.">bebit/perification/index</a>.