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To:

Division of Corporations

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From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jmortonlll@aol.com

FOREIGN PROFIT/NONPROFIT CORPORATION Click of Faith, Inc.

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Electronic Filing Menu

Corporate Filing Menu

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APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Delaware (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of incorporation) (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 333 E Palmetto Park Rd, Apt 538, Boca Raton, FL 33432 (Principal office street address) (Current mailing address, if different)	- .	lable in Florida, enter alternate corporate name ac	dopted for the purpose of transacting business in Florida)
(Date of incorporation) (Date of duration, if other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 333 E Palmetto Park Rd, Apt 538, Boca Raton, FL 33432 (Principal office street address)	Delaware	3. <u>*</u>	35-0518600
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 333 E Palmetto Park Rd, Apt 538, Boca Raton, FL 33432 (Principal office street address) (Current mailing address, if different)	A F 10 C 43 A L 4		
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 333 E Palmetto Park Rd, Apt 538, Boca Raton, FL 33432 (Principal office street address) (Current mailing address, if different)		of incorporation)	(Date of duration, if other than perpetual)
(Current mailing address, if different)	333 E Palmetto F	(SEE SECTIONS 607.1501 & 607.150)	2. F.S., to determine penalty liability)
(Current mailing address, if different)		(Principal office	retract solders
		(, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· <u>server</u> and cos
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)		(Current mailing	address, if different)
Name and street address of Florida registered agent: (P.O. Box NOT acceptable)			The second secon
	Name and stree		Box NOT acceptable)
Name: Jill Morton	Name:	Jill Morton	
ffice Address: 333 E Palmetto Park Rd, Apt 538	ffice Address:	333 E Palmetto Park Rd, Apt 538	PH T
Boca Raton , Florida 33432		Boca Raton	Florida 33432
(City) (Zip code)		(City)	(Zip code)

10. 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.

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

(((H20000445388 3)))

A. DIRECTORS Jill Morton **■**Chairman □Chairman Name: ___ 333 E Palmetto Park Rd, Apt 538 □Vice Chairman Address: □Vice Chairman Address: Boca Raton, FL 33432 □ Director Director President OPresident. DVice President ☐ Vice President ☐ Secretary ☐ Treasurer □Secretary ☐Treasurer [] 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____ Chairman Name: _____ □ Chairman Name: _____ □Vice Chairman Address:_____ UVice Chairman Address: □Director □Director □President President □Vice President _ ☐ Vice President □ Secretary ☐ Treasurer □ Secretary □Treasurer Other _____ □Other ____ Other ____ 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. NUL Mater Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jill Morton, President

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

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Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CLICK OF FAITH, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF DECEMBER, A.D.

2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CLICK OF FAITH, INC." WAS INCORPORATED ON THE FIFTH DAY OF MAY, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

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SR# 20208802830

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Jethry W. Bulbock, Sacrepary of State

Authentication: 204453109

Date: 12-30-20