

F21000001115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

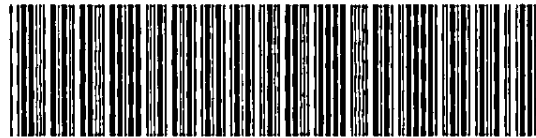
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2/25/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Palm Branch 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

Jill M Hall

Name of Person

The Palm Branch Inc

Firm/Company

6670 145th St W

Address

Apple Valley, MN 55124

City/State and Zip Code

jill@thepalmbranch.org

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

For further information concerning this matter, please call.

Jill Hall

612

245-8718

Name of Person

at ( )

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P O Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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 The Palm Branch Incorporated  
(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.)
- Palm Branch Home Outlet  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
- 2 Minnesota 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
- 4 March 13, 2017 5 \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)
- 6 Have not started operations.  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
- 7 6670 145th St W, Apple Valley, MN 55124  
(Principal office street address)
- PO Box 240444, Apple Valley, MN 55124  
(Current mailing address, if different)
- 8 Advancing the Kingdom of God - churches, home groups, religious/charitable, fund raising, business to fund ministry  
(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           | <u>Registered Agents Inc.</u>                |
| Office Address | <u>7901 4th St N, STE 300</u>                |
|                | <u>St. Petersburg</u> , Florida <u>33702</u> |
|                | (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.*
- Bill Hume  
(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. DIRECTORS**

☐ Chairman Name Timothy Hatt  
☐ Vice Chairman Address 627 Oak St SE  
☐ Director Minneapolis, MN 55414  
☒ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name Jill Hall  
☐ Vice Chairman Address 6670 145th St W  
☐ Director Apple Valley, MN 55124  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary ☒ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name \_\_\_\_\_  
☐ Vice Chairman Address \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name Leonard Fineday  
☐ Vice Chairman Address 18 2nd Street NE  
☐ Director PO Box 1166  
☐ President Cass Lake, MN 55663-1166  
☐ Vice President \_\_\_\_\_  
☐ Secretary ☐ Treasurer  
☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Chairman Name \_\_\_\_\_  
☐ Vice Chairman Address \_\_\_\_\_  
☐ Director \_\_\_\_\_  
☐ 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 Jill M. Hall 1/26/2021  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

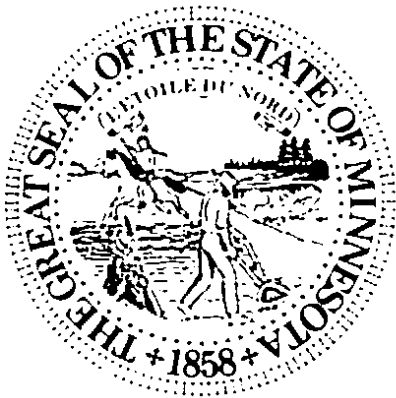
14 Jill M Hall, Treasurer  
(Typed or printed name and capacity of person signing application)

**Office of the Minnesota Secretary of State  
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	The Palm Branch
Date Filed:	03/13/2017
File Number:	940290300024
Minnesota Statutes, Chapter:	317A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 02/16/2021



A handwritten signature in cursive script that reads "Steve Simon".

Steve Simon  
Secretary of State  
State of Minnesota



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 6, 2021

JILL M HALL  
6670 145TH ST W  
APPLE VALLEY, MN 55124 US

SUBJECT: THE PALM BRANCH INCORPORATED  
Ref. Number: W21000014110

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

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Sharon D Franklin  
Regulatory Specialist II

Letter Number: 021A00002726

**RECEIVED**  
FEB 22 2021