

F210000001970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

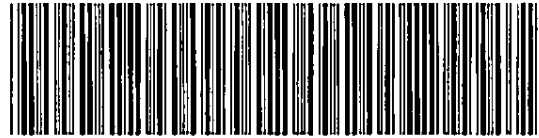
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200359843902

02/23/21--01004--004 **78.75

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APR 12 2021

M. SOLOMON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2021

NCLL/ATTN: CAREY UGAS
PO BOX 5076
LARGO, FL 33779

SUBJECT: TEAMWORK MISSIONS
Ref. Number: W21000039225

We have received your document for TEAMWORK MISSIONS and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

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

Mel Solomon
Senior Section Administrator

Letter Number: 021A00006185

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STATE OF FLORIDA
DEPARTMENT OF STATE

March 30, 2021

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Mel Solomon:

I, Caleb Saunders have no intention of reinstating Teamwork Missions, Inc., a domestic entity in Florida, and therefore release the name for use to Teamwork Missions, Inc., a foreign nonprofit corporation.

Sincerely,



Caleb Saunders
Incorporator
Teamwork Missions, Inc.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Teamwork Missions, 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:

Carey Ugas

Name of Person

NCLL

Firm/Company

PO Box 5076

Address

Largo, FL 33779

City/State and Zip Code

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

For further information concerning this matter, please call:

Carey Ugas

Name of Person

at (727) 605-0129

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

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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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. Teamwork Missions, 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.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Tennessee 3. 83-1210871
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1/26/2021 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. 207 Brooke Castle Drive, Hermitage, TN 37076
(Principal office street address)

(Current mailing address, if different)

The organization is organized exclusively for charitable, religious, educational, and scientific purposes under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal

8. tax code
(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: National Center for Life and Liberty, Inc.

Office Address: 11803 104th Street

Largo, Florida 33773
(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.

David C. Miller III

(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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LED

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: Caleb Saunders
☐ Vice Chairman Address: 207 Brooke Castle Drive
☒ Director Hermitage, TN 37076
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Debra Saunders
☐ Vice Chairman Address: PO Box 1262
☒ Director Mt. Juliet, TN 37121
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Colton Polesch
☐ Vice Chairman Address: 10539 Skewlee Road
☒ Director Thonotosassa, FL 33592
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Johnny Saunders
☐ Vice Chairman Address: PO Box 1262
☒ Director Mt. Juliet, TN 37121
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: David C. Gibbs, III
☐ Vice Chairman Address: PO Box 5076
☒ Director Largo, FL 33779
☐ 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. Caleb Saunders
(Typed or printed name and capacity of person signing application)

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Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

CALEB SAUNDERS
207 BROOKE CASTLE DRIVE
HERMITAGE, TN 37076

January 26, 2021

Request Type: Certificate of Existence/Authorization
Request #: 0399375

Issuance Date: 01/26/2021
Copies Requested: 1

Document Receipt

Receipt #: 006019551

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3797520746

\$20.00

Regarding: TEAMWORK MISSIONS

Filing Type: Nonprofit Corporation - Domestic

Control #: 1163260

Formation/Qualification Date: 01/25/2021

Date Formed: 01/25/2021

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: DAVIDSON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

TEAMWORK MISSIONS

* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;

* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

* has appointed a registered agent and registered office in this State;

* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

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