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COVER LETTER

SUBJECT:	Gen 12 Ministries, Inc
	Name of Corporation – must include suffix
Dear Sir or M	adam:
Affairs in Flo	"Application by Foreign Not for Profit Corporation for Authorization to Conduct its rida", "Certificate of Existence", or "Certificate of Status" and check are submitted to pove referenced not for profit corporation to conduct its affairs in Florida.
Please return	all correspondence concerning this matter to the following:
	Bruce Rouse
	Name of Person
	Gen 12 Ministries, Inc
	Firm/Company
	96373 Commodore Point Drive
	Address
	Yulee, FL 32097
	City/State and Zip Code
	bruce@gen12ministries.org
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
Bruce Rouse	720 237-2463
	Name of Person Area Code Daytime Telephone Number
	ng Address: Street Address: Registration Section
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee	
	hassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	check for the following amount: seck payable to: FLORIDA DEPARTMENT OF STATE
□ \$70.00 Fill	

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:

Gen 12 Minis	ries, Inc			
(Name of corpo import in langua 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 partnershi resent. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corpora	obreviation prif not so tion.)	ns of lil contai	ve ned
Gen12, Inc				
(If name unava	ilable in Florida, enter alternate corporate name adopted for the purpose of transacting be	isiness in	Florida	<u>ı)</u>
Colorado, US	A 3 83-1807988			
(State or cour	A 3. 83-1807988 http://doi.org/10.00000000000000000000000000000000000	2)		_
August 22, 20	8 5			
· (1,	Date of Incorporation) 5. (Date of duration, if other than	perpetua	ıl)	
January 1, 201				
(Date first cond	ucted affairs in Florida if prior to registration. See sections 617,1501 & 617,1502, F.S. to dete	rmine ner	alty lia	bility.)
	· · · · · · · · · · · · · · · · · · ·			
96373 Commo	dore Point Drive, Yulee, FL 32097 (Principal office street address)			_
	(Current mailing address, if different)			_
	(caren manng marens, in amorem)			
Non-Profit Pas	toral Training 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)				
. Name and str	eet address of Florida registered agent: (P.O. Box NOT acceptable)			
Name:	Bruce Rouse O6373 Compostora Point Drive		: 27	
Office Address:	96373 Commodore Point Drive			į
	Yulec , Florida 32097	다.() - 하당		(")
	(City) (Zip Code)	L. T.	<u>†</u>	
10 Danisto-ni	agent's acceptance:			
	ragent's acceptance: Imed as registered agent and to accept service of process for the above stated co	rporatio	n at th	e plac

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.

(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	Name:	□ Chairman	Name:
□Vice Chairman	96373 Commodore Point Dr Address:	□Vice Chairman	Address: 4076 Ponderosa Dr
□Director	Yulee, Fl. 32097	□Director	Evergreen, CO 80439
■ President		□President	
□Vice President		■Vice President	
☐ Secretary	□Treasurer	□Secretary	□Treasurer
□Other:	Other:	□Other:	
□ Chairman	Name: Kyle Matthews	□Chairman	Name:
□Vice Chairman	Address: 511 White Cloud Dr	□Vice Chairman	703 Sunset Dr Address:
□Director	Highlands Ranch, CO 80126	□Director	Edmond, OK 73003
□President		□President	
□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:
Non-indexed indiv	at Notice: Use an attachment to report more than syiduals may be added to the index when filing you	Florida Department o	f State Annual Report form.
Denos Damos	(Signature of Chairman, Vice Chairman, or my	officer listed in number	12 of the application)
14. Bruce Rouse	(Typed or printed name and capacity of	person signing applicati	on)

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I. Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office.

Gen 12 Ministries, Inc.

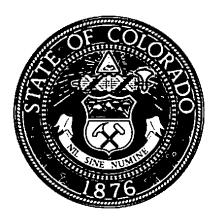
is a

Nonprofit Corporation

formed or registered on 08/22/2018 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 2018/1654641.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/20/2021 that have been posted, and by documents delivered to this office electronically through 12/22/2021 @ 08:44:12.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 12/22/2021 @ 08:44:12 in accordance with applicable law. This certificate is assigned Confirmation Number 13669812 ...



Secretary of State of the State of Colorado

***************End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sov.state.co.us.biz.CertificateSearchCriteria do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sov.state.co.us.click."Businesses, trademarks, trade names." and select."Frequently Asked Questions."