# Faa000001087

(Requestor's Name)  (Address)									
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S. HAWKES FEB - = 2021

#### **COVER LETTER**

TO:	Registration Section Division of Corporations					
CHRI	VECT:CATHOLIC WORLD MISSION (GA), INC.					
SOD	Name of Corporation – must include suffix					
Dear S	Sir or Madam:					
Affair	nclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its s in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to er the above referenced not for profit corporation to conduct its affairs in Florida.					
Please	return all correspondence concerning this matter to the following:					
	ENRIQUE RAMIREZ					
	Name of Person					
	CATHOLIC WORLD MISSION (GA), INC.					
	Firm/Company					
	30 MANSELL COURT					
	SUITE 103					
	Address					
	ROSWELL, GA 30076					
	City/State and Zip Code					
	eramirez@arcol.org					
	E-mail address: (to be used for future annual report notification)					
For fu	rther information concerning this matter, please call:					
ENR	QUE RAMIREZ 678 9384500 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					

## 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:

import in langua in the name at p	ration: must include the word "INCORPORA age as will clearly indicate that it is a corporat resent. "Company" or "Co." may not be used	TED" or "CORPORATION" or words or abbrion instead of a natural person or partnership i as a corporate suffix by a nonprofit corporation	reviations of like if not so contained in.)
(If name unava	ilable in Florida, enter alternate corporate na	ne adopted for the purpose of transacting busi	ness in Florida)
2. GEORGIA		3 83-4136780	
·	•	3 83-4136780 (FEI number, if applicable)	
4. <u>02/13/2019                                    </u>		5. PERPETUAL (Date of duration, if other than p	<u></u>
1)	Date of Incorporation)	(Date of duration, if other than p	perpetual)
7. <u>30 MANSELL</u>	COURT, SUITE 103, ROSWELL, GA 3007 (Principal of	6 Nice <u>street</u> address)	<del></del>
	Wirnel marke	og adverse if dellegents	
	(Current mailir	ng address, if different)	2000
RELIGIOUS.			Feet.
8. RELIGIOUS. (Purpose(s) of	(Current mailir NON-PROFIT corporation authorized in home state or count		Fro."
· ·		ry to be carried out in the state of Florida)	F-1-7
9. Name and <u>str</u>	NON-PROFIT corporation authorized in home state or count eet address of Florida registered agent: (P	ry to be carried out in the state of Florida)  2.0. Box <u>NOT</u> acceptable)	P
9. Name and <u>str</u>	NON-PROFIT corporation authorized in home state or count cet address of Florida registered agent: (P REGISTERED AGENT SOLUTIONS, INC. 155 OFFICE PLAZA DR., SUITE A	ry to be carried out in the state of Florida)  2.O. Box <u>NOT</u> acceptable)	Pil i
9. Name and <u>str</u>	NON-PROFIT corporation authorized in home state or count cet address of Florida registered agent: (P REGISTERED AGENT SOLUTIONS, INC. 155 OFFICE PLAZA DR., SUITE A	ry to be carried out in the state of Florida)  2.0. Box <u>NOT</u> acceptable)	

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.

Mackenzie Hart, 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	Name: DANIEL BRANDENBURG	□Chairman	Name: JAMES BECKER	
□ Vice Chairman	Address:	■ Vice Chairman	Address: 35303 CABERNET CIRCLE WAUKEE, IA 50263-7047	
■Director	CUMMING, GA 30041	Director		
□President		□President		
□Vice President		□Vice President		
□ Secretary	☐ Treasurer	☐ Secretary	□Treasurer	
□Other:	☐ Other:	□Other:		
□Chairman	Name:	□Chairman	Name:KATHLEEN METHFESSEL	
□ Vice Chairman	285 WEST WIEUCA ROAD NE	□ Vice Chairman	Address: 292 DUTCHMANS POINT ROAMANTOLOKING, NJ 08738	
■Director	PMB 5364			
□President	ATLANTA, GA 30342	□President		
□Vice President		□Vice President		
□ Secretary	<b>■</b> Treasurer	<b>■</b> Secretary	□Treasurer	
□Other:	Other:	□Other:	Other:	
□ Chairman	Name:RICK MEDINA	□Chairman	OSCAR F. TANAKA	
	9665 ROD ROAD Address:	□ Vice Chairman	250 MILLSTONE PARK WAY	
<b>■</b> Director	JOHNS CREEK, GA 30022	<b>■</b> Director	WOODSTOCK, GA 30188	
□President		□President		
□Vice President		□Vice President		
□Secretary	□Treasurer	□Secretary	□Treasurer	
□Other;	Other:	□Other:	Other:	
Non-indexed indi	nt Notice: Use an attachment to report more than viduals may be added to the index when filing you will be added to the index wil	our Florida Department officer listed in number	of State Annual Report form.	

Control Number: 19019469

#### STATE OF GEORGIA

### **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I. Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Catholic World Mission (GA), Inc. a Domestic Nonprofit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 22458532 Date Inc/Auth/Filed: 02/13/2019 Jurisdiction : Georgia Print Date : 02/03/2022

Form Number : 211



Brad Rafforspage

**Brad Raffensperger Secretary of State**