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2022 MAR 31 PH 4: 38

S. FRANKLIN APR 1 6 2022

COVER LETTER

TO:		Corporations				
61.UN		onal Care Ministries, Inc.				
SUBJ	ECT:	Name of Corporation	on – must include suffix			
Dear S	Sir or Madam:					
Affair	s in Florida", "C	ation by Foreign Not for Profi Certificate of Existence", or "C crenced not for profit corporati	Certificate of Status" and c	heck are sub		
Please	return all corre	spondence concerning this ma	itter to the following:			
	Jenny .	Juarez				
		Name o	of Person			
	Charity	Compliance Solutions, Inc.				
		Firm/C	Company			
	2185 F	araday Avenue				
	Suite 1	20			2022 MAR 31 PH 4: 31	1,2
		Ado	dress		[‡] 20 ω	فيا _{ند} د ،
	Carlsb	ad, CA 92008			1 P1	
		City/State a	ind Zip Code			ادا الوميون
	jenny@	charitycompliancesolutions.com			38	
	Ē	-mail address: (to be used for	future annual report notific	cation)		
For fu	rther informatic	on concerning this matter, plea	se call:			
Jenny	Juarez		442 888-1300 x4			
	Name	at (Area Code Daytime To	elephone Nu	mber	
	Mailing Addro Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corpor The Centre of Talla 2415 N. Monroe Strallahassee, FL 32	rations ahassee treet, Suite	810	
Please		or the following amount: able to: FLORIDA DEPARTMF \$\Boxed{\subseteq}\$\\$78.75 \text{ Filing Fee & Certificate of Status}	ENT OF STATE □\$78.75 Filing Fee & Certified Copy	Cert	0 Filing Fee, ificate of Sta ified Copy	tus &

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:

Int	ternational Care Ministries, Inc.		
(Nai	me of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviation or in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so be name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)	s of like contained	
1	nternational Care Ministries		
	name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in F	lorida)	
2Wa	3.91-1886289 State or country under the law of which it is incorporated) (FEI number, if applicable)		
(S 11/3 4.	State or country under the law of which it is incorporated) (FEI number, if applicable) 24/1997 5. (Date of Incorporation) (Date of duration, if other than perpetual)		
	(Date of Incorporation) (Date of duration, if other than perpetual))	
N/. 6	A		
(Da	tte first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine pend	lty liabilit,	у.)
7 491	A1A Beach Boulevard, Saint Augustine, FL 32080 (Principal office street address)		
· ·	(Principal office street address)		
218	5 Faraday Avenue, Suite 120, Carlsbad, CA 92008		
	(Current mailing address, if different)		
R	aritable Solicitations	20%	
(Pui	rpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)	=	. 1
9. Nai	me and street address of Florida registered agent: (P.O. Box NOT acceptable)	2021 IAAR 3 I	
	Name: InCorp Services, Inc.	PH	
Office	17000 Z741 Zhanar Nicark	F	فصده
	Example Address: Loxabatchee Florida (City) (Zip Code)	ယ	
	(City) (Zip Code)	σ	
Havir design furthe and 1	Registered agent's acceptance: In g been named as registered agent and to accept service of process for the above stated corporation nated in this application, I hereby accept the appointment as registered agent and agree to act in the er agree to comply with the provisions of all statutes relative to the proper and complete performance am familiar with and accept the obligations of my position as registered agent. Jackie DeFilippis on behalf of InContraction is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this	is capaci ce of my orp Ser	ity. I duties, rvices, Inc
tł	he Department of State, by the Secretary of State or other official having custody of corporate records urisdiction under the law of which it is incorporated.	in the	

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

A. DIRECTOR	RS Bruce D. Haldors		David P. Jones		
□Chairman Name;		□ Chairman	Name:		
□Vice Chairman	491 A1A Beach Boulevard Address:	□Vice Chairman	491 A1A Beach Boulevard		
□Director	Saint Augustine, FL 32080	Director	Address:Saint Augustine, FL 32080		
□President		□President			
[]Vice President		□Vice President			
■ Secretary	Treasurer	☐ Sécretary (Mrf Development	☐ Treasurer		
□Other:	[] Other:	■Other:			
□Chairman □Vice Chairman	David K. Sutherland Name: 491 A1A Beach Boulevard Address: Solid Assessing All 22080	□Chairman □Vice Chairman	Shelley Trebesch Name: 491 ATA Beach Boulevard Address:		
□Director	Saint Augustine, FL 32080	□Director	Saint Augustine, FL 32080		
■President		[]President	Saint Augustine, FL32080 202		
□Vice President		[]Vice President			
☐ Secretary	☐ Treasurer	Secretary	O Treasurer		
Other:	☐ Other:	Other:	-		
□Chairman	Randy E. Wilcox Name: 491 ATA Beach Boulevard Address:	□Chairman □Vice Chairman	Name:Address:		
□Director	Saint Augustine, F1, 32080	□Director			
□President		□President			
■ Vice President		□Vice President			
□Secretary	□Treasurer	☐ Secretary	□Treasurer		
□Other:	[] Other:	□Other:	Other:		
Non-indexed indiv	t Notice: Use an attachment to report more than sold to the index when-filing you (Signature of Chairman, Vice Chairman, or any cherland, Chairman (Typed or printed name and capacity of	ur Florida Department o	f State Annual Report form. 12 of the application)		



UNITED STATES OF AMERICA The State of Washington

Secretary of State

1, STEVE R. HOBBS. Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF.

INTERNATIONAL CARE MINISTRIES

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 11/24/1997.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date:

03/23/2022

UBI Number: 601 834 718



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

then R Hobbie

Steve R. Hobbs, Secretary of State

Date Issued: 03/23/2022