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(Requ	uestor's Name)			
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PICK-UP	WAIT	MAIL		
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(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Fi	ling Officer:			
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K. Brumpley

COVER LETTER

TO:	Registration Section Division of Corporations				
CHDI	ECT: Treasuring Christ Together Network				
SUDJ	Name of Corporation – must include suffix				
Dear S	ir or Madam:				
Affair	iclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to r the above referenced not for profit corporation to conduct its affairs in Florida.				
Please	return all correspondence concerning this matter to the following:				
	Nathan Zimmerman				
	Name of Person				
	Hewn Group LLC				
	Firm/Company				
	4801 Glenwood Ave. #200-328				
	Address				
	Raleigh, NC 27612				
	City/State and Zip Code				
	nathan@hewngroup.com				
	E-mail address: (to be used for future annual report notification)				
For fu	ther information concerning this matter, please call:				
Natha	n Zimmerman 919 239-3764 at ()				
- · ·	Name of Person Area Code Daytime Telephone Number				
	Mailing Address: Street Address:				
	Registration Section Registration Section				
	Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee				
	Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810				
	Tallahassee, FL 32303				
	ed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE				
	.00 Filing Fee ☐ \$78.75 Filing Fee & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy 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:

reasuring Chr	ist Together Incorporated			
(If name unav	ailable in Florida, enter alter	iate corporate name adopted for t	he purpose of transacting bu	isiness in Florida)
Minnesota		,		
(State or cou	ntry under the law of which	t is incorporated)	(FEI number, if applicable	·)
- (1	Date of Incorporation)	5	late of duration, if other than	(perpetual)
Have not con-	ducted affairs in Florida yet			
Date first cond	lucted affairs in Florida if prio	to registration. See sections 617.1.	501 & 617,1502, F.S. to dete.	rmine penalty liability.)
20 13th Ave.	S. Minneapolis, MN 55415	-1721		
	S. Minneapolis, MN 55415	(Principal office street addre	ess)	
		(Current mailing address, it diff	r	
		re dirent maning address, it dire	terenty	
المادات المساكات	Chalain Lab Lab			- 2
		planting of churches and equippi		2022
		planting of churches and equippi ne state or country to be carried o		2022 HA
Purpose(s) of	corporation authorized in ho		out in the state of Florida)	2022 HAY -
Purpose(s) of Name and <u>str</u>	corporation authorized in ho	ne state or country to be carried of stered agent: (P.O. Box <u>NOT</u>).	out in the state of Florida) acceptable)	2022 HAY -6
Purpose(s) of Vame and <u>str</u>	corporation authorized in ho	ne state or country to be carried of stered agent: (P.O. Box <u>NOT</u>).	out in the state of Florida) acceptable)	FILED 2022 HAY -6 PH
Purpose(s) of Name and <u>str</u> Name:	corporation authorized in ho eet address of Florida regi Jackelyn Perry	ne state or country to be carried of stered agent: (P.O. Box <u>NOT</u>)	out in the state of Florida) acceptable)	CED CED
Purpose(s) of Name and <u>str</u> Name:	corporation authorized in ho eet address of Florida regi Jackelyn Perry 1617 S. Arrawana Ave	ne state or country to be carried o	out in the state of Florida) acceptable)	ED EED
Purpose(s) of Name and <u>str</u> Name:	corporation authorized in ho eet address of Florida regi Jackelyn Perry 1617 S. Arrawana Ave	ne state or country to be carried of stered agent: (P.O. Box <u>NOT</u>)	out in the state of Florida) acceptable)	CED CED
Purpose(s) of Same and <u>str</u> Name; ice Address;	corporation authorized in ho eet address of Florida regi Jackelyn Perry 1617 S. Arrawana Ave Tampa (City)	ne state or country to be carried o	out in the state of Florida) acceptable)	ED EED
Purpose(s) of same and str Name; ice Address;	corporation authorized in ho eet address of Florida regi Jackelyn Perry 1617 S. Arrawana Ave Tampa (City) Lagent's acceptance:	ne state or country to be carried of stered agent: (P.O. Box <u>NOT</u>	out in the state of Florida) acceptable) 33629 (Zip Code)	EED 5 PH 2: 03
Purpose(s) of Same and str Name; ice Address; Registered ring been na	corporation authorized in ho eet address of Florida regi Jackelyn Perry 1617 S. Arrawana Ave Tampa (City) Lagent's acceptance: timed as registered agent of the application, I hereby a	ne state or country to be carried of stered agent: (P.O. Box <u>NOT</u>	out in the state of Florida) acceptable) 33629 (Zip Code) ess for the above stated construed agent and agree to	rporation at the place act in this capacity
Purpose(s) of lame and str Name; ce Address; Registered ring been na gnated in the	corporation authorized in ho eet address of Florida regi Jackelyn Perry 1617 S. Arrawana Ave Tampa (City) Lagent's acceptance: timed as registered agent of the application, I hereby a comply with the provision	ne state or country to be carried of stered agent: (P.O. Box <u>NOT</u>	out in the state of Florida) acceptable) 33629 (Zip Code) es for the above stated constered agent and agree to e proper and complete pe	rporation at the place act in this capacity
Purpose(s) of Same and str Name; ice Address; Registered ving been na ignated in the her agree to	corporation authorized in ho eet address of Florida regi Jackelyn Perry 1617 S. Arrawana Ave Tampa (City) Lagent's acceptance: timed as registered agent of the application, I hereby a comply with the provision	ne state or country to be carried of stered agent: (P.O. Box <u>NOT</u>	out in the state of Florida) acceptable) 33629 (Zip Code) es for the above stated constered agent and agree to e proper and complete pe	rporation at the place act in this capacity

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. DIRECTOI			Kenneth Stokes
≡ Chairman	Name: Christopher S. Cordell 3101 Rock Quarry Rd.	□Chairman	Name: 720 13th Ave. S
□Vice Chairman	Address:	■Vice Chairman	Address:
Director	Raleigh, NC 27610	□Director	Minneapolis, MN 55415-1721
□President		□President	
□Vice President	 ,	□Vice President	
□ Secretary	□Treasurer	□ Secretary	□Treasurer
□Other:	Cther:	□Other:	□Other:
□Chai r man	Jordan Thomas Name:	□Chairman	Name:
□Vice Chairman	Address: PO Box 1801		Address: PO Box 25854
≘ Director	Memphis, TN 38101	—	Saint Paul, MN 55125
□President		∐President	
□Vice President		□Vice President	
☐Secretary	□Treasurer	ElSecretary	□Treasurer
Other:		□Other:	Other:
□ Chairman	Name,	□Chairman	Name:
∐Vice Chairman	132 Stone Knoll DRd		Address:
■ Director	El Cajon, CA 92019	GDirector -	
□President		□President	
□Vice President		□Vice President	
□ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other:	Other:	□Other:	□Other:
Non-indexed indiv	at Notice: Use an attachment to report more the viduals may be added to the index when filing this lopher Sean Cordell.	t your Florida Department e	of State Annual Report form.
Christopher 5	(Signature of Chairman, Vice Chairman, or a Sean Cordell - Chairman / Executive Director		12 of the application)
14.	(Typed or printed name and capacity		ion)

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: Treasuring Christ Together Network

Date Filed: 05/12/2015

File Number: 826121500027

Minnesota Statutes, Chapter: 317A

Home Jurisdiction: Minnesota

This certificate has been issued on: 04/27/2022

Oteve Pinnon Steve Simon

Secretary of State

State of Minnesota