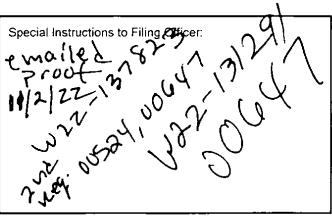
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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
1



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s. Franklin NOV - 2 2022

COVER LETTER

	egistration Section Evision of Corporations
SHRIF	T: Taqullah Ministries Inc
SUBSEX	Name of Corporation – must include suffix
Dear Sir	r Madam:
Affairs in	sed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to above referenced not for profit corporation to conduct its affairs in Florida.
Please re	irn all correspondence concerning this matter to the following:
	Hassan Karriem
	Name of Person
	Taqullah Ministries Firm/Company 2021 NW 136th ave
	Firm/Company
	#390 Address On
	Address
	Sunrise Florida 33323
	City/State and Zip Code
	ministering2thepeople@gmail.com
	E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
Hassan K	rriem 305 680-6571 at ()
	Name of Person Area Code Daytime Telephone Number
R II P	egistration Section Registration Section vision of Corporations O. Box 6327 Illahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Please mal	s a check for the following amount: c check payable to: FLORIDA DEPARTMENT OF STATE Filing Fee \$\Bigsiz \$\$\\$78.75 \text{ Filing Fee & }\Bigsiz \$\$\\$87.50 \text{ Filing Fee,} \\ Certificate of Status \text{ Certified Copy} \text{ 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:

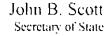
If name unava	tilable in Florida, enter alternate	corporate name adopted for the	purpose of transacting bu	isiness in Florida)
Texas{		3.		
(State or cou	ntry under the law of which it is			
01/04/2008	Date of Incorporation)	5.		
(1	Date of Incorporation)	(Dat	e of duration, if other than	i perpetual)
10/01/2022				S.
(Date first cond	ucted affairs in Florida if prior to r	egistration. See sections 617,150	01 & 617,1502, F.S. to dete	rmine pënalty liabil
2021 NW 136t	h ave #390	· [(333)	~	
	have #390 Sunris	(Principal office street address	<u></u>	
				P;; 12: 05
	(C	urrent mailing address, if diffe	rent)	12:
				0
Religious teacl	hings corporation authorized in home s			O 7
(Purpose(s) of	corporation authorized in home s	tate or country to be carried ou	t in the state of Florida)	
Many cand ata	s an and days as an CDD suit day as an issue	od amount (D.O. Day NOT a		
ivaine and <u>su</u>	<u>eet address</u> of Florida register	ed agent. (r.O. dox <u>NOT</u> a	reeptable)	
	Hassan Kurriem			
Name:	Hassan Karriem 2021 NW 136th ave #390			_
fice Address:	2021 NW 136th ave #390	- <u>-</u>	<u>.</u>	_
	Sunrise (City)	, Florida ³³	323	
	(City)		(Zip Code)	_

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.

(Registered agent's signature)

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6)] totall: A. DIRECTORS Hassan Karriem □ Chairman □ Chairman Name: _____ 2021 NW 136th ave Address: ___ □ Vice Chairman □ Vice Chairman Address: #390 □ Director □ Director Sunrise FL 33323 ■President □President □ Vice President ☐ Vice President □ Treasurer □ Secretary □Treasurer □ Secretary Other: □Other: Other; □Other: ☐ Chairman Name: _____ ☐ Chairman Name: Address: □Vice Chairman Address: ____ □Vice Chairman □ Director □ Director □President President ☐ Vice President □ Vice President ☐Treasurer. ☐ Secretary □Treasurer □ Secretary □Other: _____ Other: □Other: Other:____ □Chairman □Chairman Name: _____ Name: _____ ☐ Vice Chairman □ Vice Chairman Address: □ Director □ Director □President □President ☐ Vice President ☐ Vice President □ Secretary □ Treasurer □ 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. (Senature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)





Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Taqullah Ministries (file number 800919269), a Domestic Nonprofit Corporation, was filed in this office on January 04, 2008

It is further certified that the entity status in Texas is in existence

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 02? 2022.

Phone (512) 463-5555. Prepared by, SOS-WEB

John B. Scott Secretary of State

Come visit us on the internet at https://www.sos.texas.gov Fix: (512) 463-5709

Dial: 7-1-1 for Relay Services TID: 10264 Document: 1192904230002