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COVER LETTER

_	stration Section ion of Corporations			
SUBJECT:		corporat	eZ	
SOBSECT.			must include suffix	
Dear Sir or M	adam:			
"Certificate o	"Application by Foreign Co f Existence," or "Certificate ced foreign corporation to tr	of Good Standi	ng" and check are submit	
Please return	all correspondence concerni	ng this matter to	the following:	
Eileen Herzog				
_		Name of Pe	rson	
Greater Impac	t Ministries. Inc			₩.j
-		Firm/Compa	nny	• .
981 Wittshire	Ln			
		Address	3	- · · · · · · · · · · · · · · · · · · ·
Cincinnati, OF	H 45255			
		City/State and	Zip code	
eileenherzog@	greaterimpact.org			9
	E-mail address	: (to be used for	future annual report notif	fication)
For further in	formation concerning this m	natter, please cal	l:	
Eileen Herzog		513 at () 374-4703 Daytime Telephon	
Nam	e of Person	Area Code	Daytime Telephon	e Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Section Division of Corports P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following amoreck payable to: FLORIDA DI ing Fee	EPARTMENT C g Fee &	DF STATE \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavail	able in Florida, enter alternate corporate name ac	dopted for the purpose of transacting business	in Florida)
Ohio	3.	20-4338244	
(State or countr 04/27/2006	y under the law of which it is incorporated) 5.	(FEI number, if applicable)	
(Date November 10, 2	of incorporation)	(Date of duration, if other than perpet	ual)
54 Belle Meade	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150 Farm Dr. Loveland, OH 45140		1-7
		e <u>street</u> address)	
981 Wittshire Lr	. Cincinnati, OH 45255	,	دع دع
_ 		- d.l 'E 1'EE	
	(Current mailing	address, it different)	
Name and <u>stree</u> Name:	(Current mailing et address of Florida registered agent: (P.O. Doris Homan		
Name:	et address of Florida registered agent: (P.O.		
Name:	et address of Florida registered agent: (P.O. Doris Homan 5392 White Ave Port Charlotte		, , , ,
	et address of Florida registered agent: (P.O. Doris Homan 5392 White Ave	Box NOT acceptable)	

10. 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.

A. DIRECTORS						
Chairman	Name: Eileen Herzog	□Chairman	Name:			
□Vice Chairman	Address: 981 Wittshire Ln	□ Vice Chairman	Address: 5258 Bell Ave Cincinnati, OH 45242			
□Director	Cincinnati, OH 45255	■ Director				
■ President		□President				
□ Vice President		□ Vice President				
□Secretary	™ Treasurer	☐ Secretary	□Treasurer			
□Other	Other	□Other	Other			
□Chairman	Name:	□Chairman	Name:			
□Vice Chairman	6406 Paxton Woods Dr	□Vice Chairman	3667 Highland Green			
■ Director	Loveland, OH 45140	■Director	Cincinnati, Oh 45245			
□President		□President				
□Vice President		□ Vice President				
Secretary	☐Treasurer	☐ Secretary	☐Treasurer			
□Other	Other	Other				
□Chairman	Name:	□Chairman	Name: Jeanine Roesner —			
□Vice Chairman	6406 Paxton Woods Dr	□ Vice Chairman	554 Belle Meade Farm Dr.			
Director	Loveland, OH 45140	Director	Loveland, OH 45140			
□President		□President				
□Vice President		□Vice President				
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer			
Other		■Other CEO	Other			
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. 12. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Elleen M Herzog, Operations Director						

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I. Frank LaRose. do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show GREATER IMPACT MINISTRIES, INCORPORATED, an Ohio not for profit corporation. Charter No. 1619027, having its principal location in Loveland, County of Clermont, was incorporated on April 27, 2006 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 10th day of November, A.D. 2022.

Ohio Secretary of State

Fred Johne

Validation Number: 202231402522