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COVER LETTER

10.	Division of Corporations						
SHRII	ECT: Christian Union, Inc						
SODJI	Name of Co	orporation – must i	nclude suffix				
Dear Si	r or Madam:						
Affairs	closed "Application by Foreign Not for in Florida", "Certificate of Existence the above referenced not for profit co	", or "Certificate o	f Status" and cl	heck are submitted to			
Please r	return all correspondence concerning	this matter to the f	ollowing:				
	Vickie Coonan						
		Name of Person		 _			
	Christian Union, Inc						
		Firm/Company		 			
	19 Vandeventer Ave						
		Address					
	Princeton, NJ 08542						
	City/	State and Zip Code	e				
	vickie.coonan@christianunion.or	-g					
	E-mail address: (to be us	ed for future annua	al report notific	ation)			
For furth	ner information concerning this matte	er, please call:					
Vickie C	Coonan	609 at ()	681-2171				
	Name of Person	Area Code	Daytime Te	lephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Regist Divisi The C 2415 I	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Please ma	I is a check for the following amount ake check payable to: FLORIDA DEPA O Filing Fee S78.75 Filing Fee Certificate of St	RTMENT OF STA $\& \Box$ \$78.75 F	TE Filing Fee & eed Copy	☐\$87.50 Filing Fee, Certificate of Status & 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:

	oresent. "Company" or "Co." may not be used as a cor	•	r
	ailable in Florida, enter alternate corporate name adop	·	•
New Jersey	3. 22-38 ntry under the law of which it is incorporated) 1	334440	
(State or cou	ntry under the law of which it is incorporated)	(FEI number, if applicable)	
December 200	<u>1</u> 5		
(1	Date of Incorporation)	(Date of duration, if other than pe	rpetual)
October 15, 2	022 ucted affairs in Florida if prior to registration. See section		
19 Vandevente	r Ave Princeton, NJ 08542 (Principal office stre		
	(Principal office stre	et address)	
	(Current mailing address	ss. if different)	
	,	-,,	207
Ministry on Iv	/ League campuses		2023 FEB
Purpose(s) of	League campuses orporation authorized in home state or country to be	carried out in the state of Florida)	
			-2
Name and str	eet address of Florida registered agent: (P.O. Box	NOT acceptable)	
	Icabella Campolattero		72
Name:	isabetta Campotattaro		ىب
ice Address:	1704 Lake Cypress Dr		52
	Isabella Campolattaro 1704 Lake Cypress Dr Safety Harbor , Flo	oriđa ³⁴⁶⁹⁵	
	(City)	(Zip Code)	
Registered <i>ving been na</i>	agent's acceptance: med as registered agent and to accept service of is application. I berehv accept the appointment	process for the above stated corno	
	Tabelle Composotaro (Registered agent's	0	

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) A. DIRECTORS

OChairman Name: Matthew Bennett	□ Chairman	Name: Ed MUGara
□Vice Chairman Address: 22 Vandeventer Ave	∰Vice Chairman	Address: 43 Driftwood (1 Trumbull, CT 66611
Director Princeton, NJ 08542	Director	710mbull, CT 66611
E President	☐ President	
□Vice President	□Vice President	
□ Secretary □ Treasurer	☐ Secretary	DTreasurer
□ Other: □ □ Other: □	Other:	Other
Ochairman Name: Peter Hilling	□ Chairmen	Name:
Direction No CESTA	□Vice Chairman	Address:
□ Director	□Director	
□ President	□President	
Vice President	OVice President	
☐Secretary ☐Treasurer	□Secretary	O Treasurer
□ Other: □ □ Other: □	Other:	Other:
□Chairman Name:	□ Chairman	Name:
On:		Address:
DPresident	□ Director	
□Vice President	OPresident OVice President	
□ Secretary □ Treasurer	☐ Secretary	□Treesurer
Other: Other.	Other:	
NOTE: Important Notice: Use an attachment to report more than si Non-indexed individuals may be added to the index when filing you	o tottae Dopattinein of	ill be imaged for reporting purposes only. State Annual Report form.
(Signature of Chairman, Vice Chairman, or any o	tticer listed in number [2 of the application)
(Typed or printed name and capacity of p	erson signing application	n)

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

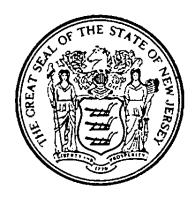
CHRISTIAN UNION, INC. 0100867261

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on December 20, 2001.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

MATTHEW W BENNETT 19 VANDEVENTER AVENUE PRINCETON, NJ 08542



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 14th day of November, 2022

Elizabeth Maher Muoio State Treasurer

Certificate Number : 6137664564

Verify this certificate online at

https://www.l.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp