

A T-1000

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CASCADING SERVICES, LTD
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

REV. MICHAEL LAPERCHE
Name of Person

CASCADING SERVICES, LTD
Firm/Company

19010 FERN MEADOW LOOP

Address

LUTZ FL 33558
City/State and Zip Code

CASCADINGSERVICES@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REV MICHAEL LAPERCHE at (813) 330-0673
Name of Person Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified 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:

1. CASCADING SERVICES LTD

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. DELAWARE 3. 81-4612088
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 7, 2016 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. APRIL 1, 2023
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 19010 FERN MEADOW LOOP LUTZ, FL 33558
(Principal office street address)

CASCADING SERVICES LTD 16192 Coastal Hwy
(Current mailing address, if different) LEWES, DE 19958

8. CHURCH
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

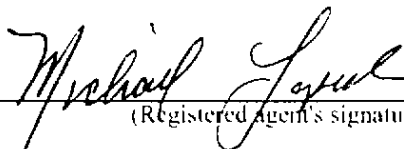
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Rev. MICHAEL LAPERCHE

Office Address: 19010 FERN MEADOW LOOP
LUTZ, Florida 33558
(City) (Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

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.

FILED
2023 APR 12 AM 11:42
SECRETARY OF STATE

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

A. DIRECTORS

<input type="checkbox"/> Chairman	Name: <u>MICHAEL LAPERCHE</u>	<input type="checkbox"/> Chairman	Name: <u>CYNTHIA LAPERCHE</u>
<input type="checkbox"/> Vice Chairman	Address: <u>19010 FERN MEADOW LANE</u>	<input type="checkbox"/> Vice Chairman	Address: <u>19010 FERN MEADOW</u> <u>LOOP</u>
<input checked="" type="checkbox"/> Director	<u>LUTZ, FL 33558</u>	<input checked="" type="checkbox"/> Director	<u>LUTZ, FL 33558</u>
<input checked="" type="checkbox"/> President		<input type="checkbox"/> President	
<input type="checkbox"/> Vice President		<input type="checkbox"/> Vice President	
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Chairman	Name: <u>MICHAEL LAPERCHE JR</u>	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: <u>9317 MOONDALE CIR</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input checked="" type="checkbox"/> Director	<u>ROSEVILLE, CA 95747</u>	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Chairman	Name: _____	<input type="checkbox"/> Chairman	Name: _____
<input type="checkbox"/> Vice Chairman	Address: _____	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	_____	<input type="checkbox"/> Director	_____
<input type="checkbox"/> President	_____	<input type="checkbox"/> President	_____
<input type="checkbox"/> Vice President	_____	<input type="checkbox"/> Vice President	_____
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> 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.

13. Michael Laperche
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. REV MICHAEL LAPERCHE, DIRECTOR
(Typed or printed name and capacity of person signing application)

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CASCADING SERVICES, LTD." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CORPORATION IS AN EXEMPT CORPORATION.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CASCADING SERVICES, LTD." WAS INCORPORATED ON THE SEVENTH DAY OF DECEMBER, A.D. 2016.



A handwritten signature in black ink, reading "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

6241285 8300C

SR# 20230707685

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202788496

Date: 02-26-23



The Missionary Church International

Matthew 28:19-20 ...PLANTING CHURCHES AND SERVING MISSIONARIES AROUND THE WORLD FOR OVER 20 YEARS.

February 24, 2017

Rev. Michael Laperche, Sr.
Cascading Services
9317 Moondancer Circle
Roseville, CA 95747

Re: Important Tax Information

Cascading Services
in affiliation with The Missionary Church International
(IRS Group Exemption No. TMCI 8617)

Dear Rev. Michael:

The following Tax Number is assigned to you and your ministries.

Your EIN Number: **81-4612088**
Your ministry is a subsidiary of the Exempt Group - Exemption Number: 8617

Your EIN number is used for opening bank accounts for your church and/or ministry and for reporting payroll taxes. This EIN is unique and will remain part of your tax identification as long as your church/ministry continues to function or until we or the IRS assign other numbers to you. Your EIN will remain yours so long as you are affiliated with TMCI.

An important identification to prove that you are tax exempt is the Group Exemption Number (8617) under which all of your ministries are covered. This essential number is assigned to your parent organization, The Missionary Church International, by the Internal Revenue Service and your church/ministry is listed as a subsidiary of this tax-exempt group.

The Group Exemption Letter (copy enclosed) along with your up-to-date Ministry Charter and Church Charter serves as proof of your tax exemption under section 501(c)(3) of the Internal Revenue Code. If further documentation of your tax-exempt status is needed, we would be happy to provide an official good standing letter for you.

Additional letters concerning your Tax-Exempt Status are enclosed. Please let us know should other identification materials be needed.

In Jesus,

Robert J. Coulter, Senior Bishop

RJC/js