# 7270000001966

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S. FRANCLIN MAY 19 2023

# **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: Worth and Purpose Inc.  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:					
Travis Settineri Name of Person					
Worth and Purpose Inc.					
701 Seminole Sand Rd.					
Address					
Plant City, FL 33566 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Amber Settineri at (813) 455-0106 Name of Person at (813) Daytime Telephone Number					
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, 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 & \$78.75 Filing Fee & \$87.50 Filing Fee,  Already Pad Certificate of Status Certified Copy  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. Wor	th and	Purpose	Inc.			
<ul> <li>(Name of corpoint in languation in the name at p</li> </ul>	ration; must inc age as will clear arcsent, "Compa	lude the Word "INCC ly indicate that it is a ny" or "Co." may not	RPORATED" o corporation instance be used as a cor	r "CORPORATION" o cad of a natural person- porate suffix by a nonp	r words or abbrevia or partnership if no rofit corporation)	tions of like t so contained
Morc	th and	Purpose		porate suffix by a nonp	· · · · · ·	2023
(If name unava	iilable in Florid	a, enter alternate corp	orate name adop	ted for the purpose of t	ransacting business	in Horida)
2. (State or sour	shinato	M	3	88-2106	208	
4(D	05/06/ Date of Incorpor	2022 ation)	5	Per pe tv a (Date orduration.	if other than perpe	iual)
				ns 617.1501 & 617.150	i.	
7. 701	Semini	ole Sand	Rd. Plancipal office str	ant City f	L 33566	, ,
<u> </u>			SAME			_
The purpo	se of Wor	th and Purpose	nt mailing addres	ss, il dillerent) Cach Christian &	loctrines and	Biblial truth to
(Purpose(s) of	adulto; 2) co nd ordain Cl 2 corporation auth	ndvet worship aristian ministe Lin and other onzed in home state	services; 3) rs; 5) poor activities or country to be	change lize and su till expression of which support	Biblical Prince	Biblical truth to any activities worldwide iples for the whole isony to accomplish ve purposes or mission e organization.
9. Name and stre	eet address of	Florida registered a	gent: (P.O. Box	NOT acceptable)	of th	e organization.
Name:	Amber	Settineri				
Office Address:	701	Seminale "	Sand Rd	·		
	Plan-	City (City)	, FI	orida <u>33566</u> (Zip C	, 2 ode)	
(i) Registered	agent's accen	tance:				

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.

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

A. DIRECTOR						
□Chairman	Name: Iravis Settinen	□Chairman	Name:			
□Vice Chairman	Address 701 Seminole Soud Rd.	□Vice Chairman	Address:			
□Director	Plant City FL 33566	□Director				
President		□President				
□Vice President		□Vice President				
☐ Secretary	Treasurer	☐ Secretary	□Treasurer			
□Other:	Other:	□Other:	□Other:			
□Chairman	Name: Amber Settineri	□Chairman	Name:			
□Vice Chairman	Address: 701 Seminale Sand Rd.	□Vice Chairman	Address:			
□Director	Plant City, FL 33566	□Director				
□President		□President				
Vice President		□Vice President				
☐ Secretary	<b>⊠</b> Treasurer	☐ Secretary	□Treasurer			
□Other:	☐ Other:	□Other:	Other:			
□Chairman	Name: Anthony Sgro	□Chairman	Name:			
□Vice Chairman	Address: 5018 Redbud Dr.	□Vice Chairman	Address:			
□Director	Grove town GA 30813	□Director	_			
□President	,	□President				
□Vice President		□Vice President				
Secretary	□Treasurer	□Secretary	□Treasurer			
□Other:	Other:	□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.  (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  14. Travis Settiner: Fresident (Typed or printed name and capacity of person signing application)						



March 26, 2023

TRAVIS SETTINERI 701 SEMINOLE SAND RD PLANT CITY, FL 33566 US

SUBJECT: WORTH AND PURPOSE MINISTRY

Ref. Number: W23000040794

We have received your document for WORTH AND PURPOSE MINISTRY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The document must contain a statement containing the purpose(s) authorized by the jurisdiction of its incorporation, of which it intends to pursue in this state, pursuant to 617.1503(d), Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 423A00006910





Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

## CERTIFICATE OF EXISTENCE

**OF** 

### WORTH AND PURPOSE

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 05/06/2022.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

1 FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 03/01/2023 UBI Number: 604 907 168

R Hobbe

STATE OF WASHING

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 03 01 2023