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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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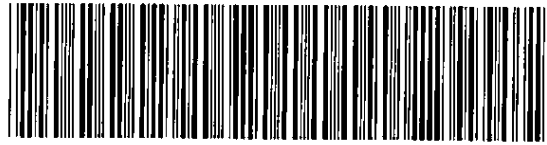
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 OCT -4 AM 1:19
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TOLSON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAXIMUM IMPACT MINISTRIES, 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:

JACKIE ROYLE

Name of Person

JACKIE L ROYLE, CPA

Firm/Company

PO BOX 103062

Address

DENVER, CO 80210

City/State and Zip Code

jaxcpa@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jackie Royle

Name of Person

at (720)
Area Code

391-6709

Daytime Telephone Number

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☒ \$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:

MAXIMUM IMPACT MINISTRIES, INC.

1. _____
(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. COLORADO 3. 84-1552976
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. July 1, 1999 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

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

7. 6825 S Galena Street, Centennial, CO, 80112
(Principal office address)

PO Box 103062, Denver, CO 80210
(Current mailing address, if different)

8. The purpose of the Organization is to equip the global Body of Christ through education and training in order to spread
the Gospel of the Kingdom on an international level
(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: Abraham John
Office Address: 10247 Dwell Court Ste 311
Orlando Florida 32832
(City) (Zip Code)

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CLERK OF STATE
TALLAHASSEE, FL

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.

Abraham John

(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.

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO
CERTIFICATE OF REGISTRATION

I, Jena Griswold, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

MAXIMUM IMPACT MINISTRIES

is a **Charitable Organization** registered to solicit contributions in Colorado as required by the Colorado Charitable Solicitation Act, Title 6, Article 16, C.R.S.

This organization has been assigned a registration number of 20083007369.

The status of its registration is **Good**, and this status has been in effect since 08/16/2023.

The organization's registration expires on 08/15/2024.

Registrants may legally solicit contributions, provide consulting services in connection with a solicitation campaign, and conduct solicitation campaigns in Colorado until the registration expires or is withdrawn, suspended, or revoked.

This certificate reflects facts established or disclosed by documents delivered to this office electronically through 09/26/2023.

IN TESTIMONY WHEREOF I have hereunto set my hand and affixed the Great Seal of Colorado, at the City of Denver on 09-26-2023 15:23:26



Jena Griswold

Secretary of State of the State of Colorado

12. Names and addresses of officers and/or directors

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Abraham John

Address: 10247 Dwell Court #311

Orlando, FL 32832

Vice President: Mark Kaufman

Address: 6825 S Galena Street

Centennial, CO 80112

Secretary: _____

Address: _____

Treasurer: Bill Manduca

6825 S Galena Street

Address: Centennial, CO 80112

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

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

14. Abraham John, President
(Typed or printed name and capacity of person signing application)