

F23000005842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

(Document Number)

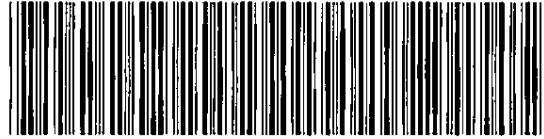
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W23000128993

Office Use Only



900415119829

09/07/23--01013--001 **79.00

2023 OCT 10 PM 4:15

09/07/23



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2023

PROF DAVE WHITE
18965 NW ILLAHE ST
PORTLAND, OR 97229 US

SUBJECT: KINGSWAY CLASSICAL ACADEMY INC.
Ref. Number: W23000128993

We have received your document for KINGSWAY CLASSICAL ACADEMY INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There was a mix-up between lines 4, 5, & 6. If you would revisit your application and fix those lines. You answered Idaho twice and that threw you off. Therefore you have no principal address. If you list a date for number six you will owe a fee depending on the date. Please fix these areas and send back in with corrections.,

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.

Andrea Andrews
Regulatory Specialist II

Letter Number: 423A00021840

RECEIVED
SEP 10 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kingsway Classical Academy 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:

Dave White

Name of Person

Kingasway Board Member

Firm/Company

18965 NW 111th st

Address

Portland, OR 97229

City/State and Zip Code

abcinc1@a-gmail.com

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

For further information concerning this matter, please call:

Prof Dave White

503 608-7611

Name of Person at () 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**

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. Kingsway Classical Academy Inc.

(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.)

kingswayschool.us

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

2. Idaho 3. 87-2253360
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 8/31/2021 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 9/2023
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 7528 Courtyard Run East, Boca Raton, Florida 33433
(Principal office street address)

18965 NW Illahe st Portland OR 97229
(Current mailing address, if different)

8. School teaching
(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: Prof Dave White c/o Father Romanos

Office Address: 7528 Courtyard Run East,
Boca Raton, Florida Florida 33433
(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.

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LETTER

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

A. DIRECTORS

☒ Chairman Name: Dennis Woods
☐ Vice Chairman Address: 18965 NW Illahe st Portland, OR
☐ Director 97229
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

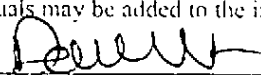
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Dave White
☐ Vice Chairman Address: 18965 NW Illahe st
☒ Director Portland OR 97229
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ 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.

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



STATE OF IDAHO

Phil McGrane | Secretary of State

Business Office

450 North 4th Street

PO Box 83720

Boise, ID 83720

September 1, 2023

Request Type: Certificate of Existence/Filing

Request #: 0005377684

Receipt #: 000872447

Issuance Date: 09/01/2023

Copies Requested: 0

Regarding: **KINGSWAY CLASSICAL ACADEMY Inc.**

Filing Type: Non-Profit Corporation (D)

Formation/Qualification Date: 08/31/2021

Status: Active-Good Standing

Duration Term: Perpetual

File #: 4388880

Formation Locale: IDAHO

Inactive Date:

Certificate of Existence

I, Phil McGrane, Secretary of State of the State of Idaho, do hereby certify that effective as of the issuance date noted above

KINGSWAY CLASSICAL ACADEMY Inc.

is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above.

A handwritten signature of Phil McGrane, enclosed in an oval.

Phil McGrane

Idaho Secretary of State