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(Requestor's Name) (Address) (Address)	600418425136
(City/State/Zip/Phone #)	2023 DEC -4 PH 6: 05
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K. Brumbley

#### CT CORP (850) 656- 4724 3558 lakesore Drive Tallahassee, FL 32312

Date:

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12/04/2023

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Name:	ALTRUA MINISTRIES INC.
Document #:	
Order #:	15146464

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( Thank you!)	

#### 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 Altrua Minist	tries Inc.		
(Name of corpo import in langu in the name at p	pration: must include the word "INCORPOR age as will clearly indicate that it is a corpor present. "Company" or "Co." may not be use	ATED" or "CORPORATION" or words or al ation instead of a natural person or partnershi d as a corporate suffix by a nonprofit corpora	bbreviations of like ip if not so contained ation.)
Altrua Healths	hare		
(If name unav	ailable in Florida, enter alternate corporate n	ame adopted for the purpose of transacting be	usiness in Florida)
2. Illinois	ntry under the law of which it is incorporated	3. 87-0648665	
(State or cou	ntry under the law of which it is incorporated	d) (FEI number, if applicable	e)
4. 3/20/2000		5(Date of duration, if other that	
(1	Date of Incorporation)	(Date of duration, if other that	n perpetual)
6. 01/01/2010			
(Date first cond	lucted affairs in Florida if prior to registration.	See sections 617,1501 & 617,1502, F.S, to dete	ermine penalty liability.)
7 12117 Bee Ca	ve Rd. BLDG 1, Suite 100, Austin, TX 7873	8	
/		office street address)	<b></b>
<u> </u>		<b>1 1</b>	
	(Current main	ing address, if different)	21
			2023
8. Healthcare sha	tring ministry. corporation authorized in home state or coun		<u> </u>
(Purpose(s) of	corporation authorized in home state or coun	try to be carried out in the state of Florida)	
9. Name and str	eet address of Florida registered agent: (	P.O. Box <u>NOT</u> acceptable)	
Name:	C T Corporation System		PH 6:
Office Address:	1200 South Pine Island Road		05
	Plantation	Florida 33324	-
	(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.



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	Randall Sluder Name:		John Patton Name:
□Vice Chairman	Address: 12117 Bee Cave Rd	Vice Chairman	Address:
Director	BLDG 1, Suite 100	Director	BLDG 1. Suite 100
President	Austin, TX 78738	President	Austin, TX 78738
□Vice President		Vice President	
Secretary	Treasurer	Secretary	Treasurer
■Other:	Other:	Other:	Other:
□Chairman	Christ Troupis Name:	DChairman	Name: Eder Hernandez
□Vice Chairman	Address:		Address: 12117 Bee Cave Rd
ElDirector	BLDG 1, Suite 100	Director	BLDG 1, Suite 100
President	Austin, TX 78738		Austin, TX 78738
[]Vice President		Vice President	
Secretary	Treasurer		
DOther:	① Other:	Other:	Other:
□Chairman	Robert Brown	Chairman	Name:
□Vice Chairman	Address:	Vice Chairman	Address:
Director	BLDG 1, Suite 100	Director	
President	Austin, TX 78738	President	·
□Vice President		Vice President	
Secretary			Treasurer
COO 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-indexsd, individuals may be added to the index when filing your Florida Department of State Annual Report form.

Robert Brown 13

-9/009=4BED6244(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Robert Brown, Chief Operating Officer 14.

(Typed or printed name and capacity of person signing application)



# To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

### Department of Business Services. I certify that

ALTRUA MINISTRIES, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON MARCH 20, 2000, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE GENERAL NOT FOR PROFIT CORPORATION ACT OF THIS STATE, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



## In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 1ST day of NOVEMBER A.D. 2023.

Authentication #: 2330503972 verifiable until 11/01/2024 Authenticate at: https://www.ilsos.gov

SECRETARY OF STATE