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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

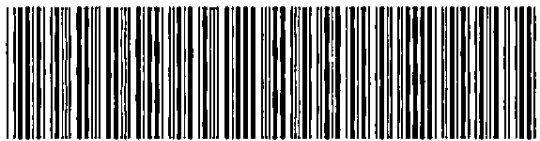
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached are the forms and instructions to register a foreign not for profit corporation to conduct its affairs in Florida. The requirements are as follows:

- Pursuant to section 617.1503(1), Florida Statutes, the attached application must be completed in its entirety.
- The corporation must submit an original certificate of existence, no more than 90 days old, duly authenticated by the Secretary of State or the proper official having custody of corporate records in the state or country under the law of which it is incorporated. A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.
- There is a \$70.00 registration fee and a letter of acknowledgment will be issued free of charge upon registration.
- Certification fees are optional. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy of the application is \$8.75 each (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50). Please check the appropriate box on the cover letter and send one check for the total amount made payable to the Florida Department of State.
- The cover letter should be completed and submitted along with the certificate, application and check. Both the mailing address and street address are noted in the cover letter.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051 or writing the Registration Section, Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LifeWise, 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:

Chris-John Bosch
Name of Person

Ashbrook Byrne Kresge LLC
Firm/Company

PO Box 8248

Address

Cincinnati, Ohio 45249
City/State and Zip Code

cjhbosch@ashbrookbk.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chris-John Bosch at (973) 870-6660
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. LifeWise, 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.)

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

2. Ohio 3. 45-4002535
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/28/2011 5.
(Date of Incorporation) (Date of duration, if other than perpetual)

6. 07/22/2022
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 5375 Grace Street, Hilliard, Ohio 43026-1411
(Principal office street address)

(Current mailing address, if different)

8. A Parachurch Christian ministry to provide ministerial services and events to the general public and to do all things necessary to that purpose that are legal in the State of Ohio and Florida.
(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: Registered Agents Inc
Office Address: 7901 4th St N STE 300
St. Petersburg, Florida 33702
(City) (Zip Code)

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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.

David Roberts

(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. DIRECTORS

Chairman Name: Joel Penton
 Vice Chairman Address: 5375 Grace Street
 Director Hilliard, Ohio 43026-1411
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: Steve Clifton
 Vice Chairman Address: 5375 Grace Street
 Director Hilliard, Ohio 43026-1411
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

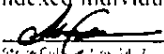
Chairman Name: Dave Kirkey
 Vice Chairman Address: 5375 Grace Street
 Director Hilliard, Ohio 43026-1411
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: Steve Hubbard
 Vice Chairman Address: 5375 Grace Street
 Director Hilliard, Ohio 43026-1411
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: Brad Hulls
 Vice Chairman Address: 5375 Grace Street
 Director Hilliard, Ohio 43026-1411
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: Tim Stoller
 Vice Chairman Address: 5375 Grace Street
 Director Hilliard, Ohio 43026-1411
 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)

14. Vice President
(Typed or printed name and capacity of person signing application)

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: Jim Hoeker
 Vice Chairman Address: 5375 Grace Street
 Director Hilliard, Ohio 43026-1411
 President _____
 Vice President _____
 Secretary Treasurer
 Other: _____ Other: _____

Chairman Name: Justin Kershaw
 Vice Chairman Address: 5375 Grace Street
 Director Hilliard, Ohio 43026-1411
 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: _____

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

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

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

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








Application for Authorization - Foreign Nonprofit Corporation

Final Audit Report

2023-11-14

Created:	2023-11-07
By:	JP Ashbrook (cjhbosch@ashbrookbk.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAucJ-aNx3nbirfckhfb2SJQuTPLETJ45

"Application for Authorization - Foreign Nonprofit Corporation" History

-  Document created by JP Ashbrook (cjhbosch@ashbrookbk.com)
2023-11-07 - 9:46:29 PM GMT
-  Document emailed to steve@lifewise.org for signature
2023-11-07 - 9:48:14 PM GMT
-  Email viewed by steve@lifewise.org
2023-11-08 - 12:06:56 PM GMT
-  Email viewed by steve@lifewise.org
2023-11-14 - 7:44:57 PM GMT
-  Signer steve@lifewise.org entered name at signing as Steve Clifton
2023-11-14 - 8:07:46 PM GMT
-  Document e-signed by Steve Clifton (steve@lifewise.org)
Signature Date: 2023-11-14 - 8:07:48 PM GMT - Time Source: server
-  Agreement completed.
2023-11-14 - 8:07:48 PM GMT

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show LIFEWISE, INC., an Ohio not for profit corporation, Charter No. 2064392, having its principal location in Hilliard, County of Franklin, was incorporated on November 28, 2011 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 17th day of October, A.D. 2023.

Frank LaRose

Ohio Secretary of State

Validation Number: 202329003806