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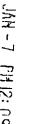
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### **COVER LETTER**

то:	Registration Section Division of Corporations
SUBJ	ECT: THE SOCIETY FOR TIRE PROPAGATION OF THE FAIT  Name of Corporation - must include suffix
Dear S	ir or Madam:
Affairs	closed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to r the above referenced not for profit corporation to conduct its affairs in Florida.
Please	return all correspondence concerning this matter to the following:
	CRETIS PA HUNTER Name of Person
	BELDER + POLIANOGE, P. A. Firm/Company
	2525 PONCE DE LEON BLUD, FIE 825
	Address
	COMPTION City/State and Zip Code
	E-mail address: (to be used for future annual report hotification)
For fu	rther information concerning this matter, please call:
	Name of Person at (305) 262. 4433 Area Code 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
Please	sed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE  0.00 Filing Fee  \$\Bigsim \$\$58.75 Filing Fee & \$\Bigsim \$\$\$578.75 Filing Fee & \$\Bigsim \$\$\$\$Certificate of Status  \$\$\$\$ Certificate of Status  \$\$\$\$\$\$\$\$Certified Copy

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCTITS 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: Name of corporation: must include the word "INCORPORATED" on "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) which it is incorporated) ebruary 18, ons 617.1501 & 617.1502, F.S. to determine penalty liability.) Petersburg, Fr 3370 | Current mailing address # different) Foster awareness and interest in all aspects of the missionary

8. activity of the Roman Catholic Church, and financial support

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

for worldwide missionary Apostolate of the Church.

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) 10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation af 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 agont'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	s Name: See Atlacted			
El Chairman		□ Chairman		
∏Vice Chairman	Address:	□Vice Chairman	Address:	
Director		□Director		
□President		□President		
[TVice President		□Vice President		
[]Secretary	☐Treasurer	☐ Secretary		□Treasurer
LlOther:	□ Other:	Other:		□Other:
∐Chairman	Name:	□Chairman	Name:	
ElVice Chairman	Address:	□Vice Chairman	Address:	
[]Director		Director		
□President		□President		
[]Vice President		□Vice President		
F1Secretary	☐ Treasurer	☐ Secretary		☐Treasurer
ElOther.	☐ Other:	□Other:	<del></del>	□Other:
□Chairman	Name:	□Chai⊓nan	Name:	<u> </u>
□Vice Chairman	Address:	□Vice Chairman		
Director	Thurses.	□Director		
□ President		□President		
		□Vice President		
□Vice President	(T)m			□Treasurer
☐ Secretary	□Treasurer	Secretary		□Other:
LiOther:	Other:	□Other:		Clother.
NOTE: Importan Non-indexed indiv	t Notice: Use an attachment to report more than six viduals may be added to the index when filing your	(6). The attachment Florida Department	will be imaged f of State Annual	for reporting purposes only. Report form.
13	See Attoched (Signature of Chairman, Vice Chairman, or any of	ficer listed in number	12 of the applic	ration)
	(Typed or printed name and capacity of pe			

12. The names and business addresses of the officers and directors of the Corporation are as follows (see Exhibit B for additional Directors):

Name	Office	Business Address
Monsignor Kieran Harrington	Director and President	200 Central Avenue, Suite 520 St. Petersburg, FL 33701
Cardinal Timothy Dolan	Director	70 West 36th Street, 8th Floor New York, NY 10018
Cardinal Sean O'Malley	Director	70 West 36th Street, 8th Floor New York, NY 10018
Archbishop Cristophe Pierre	Director	70 West 36th Street, 8th Floor New York, NY 10018
Bishop James Wall	Director and Secretary	70 West 36 <sup>th</sup> Street, 8 <sup>th</sup> Floor New York, NY 10018
Archbishop Thomas Wenski	Director and Treasurer	70 West 36 <sup>th</sup> Street, 8 <sup>th</sup> Floor New York, NY 10018
Melanie McManus	Chief Financial Officer and Assistant Secretary	200 Central Avenue, Suite 520 St. Petersburg, FL 33701

This Application is executed in accordance with section 617.1503 of the Florida Statutes.

MYMMMW, CFO
MELANIE McMANUS, CFO and Assistant Secretary

#### STATE OF NEW YORK

#### DEPARTMENT OF STATE

#### Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

**Entity Name:** 

THE SOCIETY FOR THE PROPAGATION OF THE FAITH

DOS ID Number:

31349

Entity Type:

DOMESTIC NOT-FOR-PROFIT CORPORATION

**Entity Status:** 

EXISTING

Date of Initial Filing with DOS:

03/12/1898

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on January 18, 2024 at 03:59 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

Brandon C Hughan

By Brendan C. Hughes Executive Deputy Secretary of State

Authentication Number: 100005028742 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>