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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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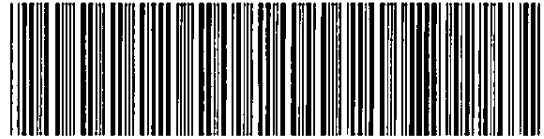
(Business Entity Name)

(Document Number)

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STATE

T. LEMMEUX

JUN 15 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TESTIMONY OF SELECTED CATHOLIC AUTHORS, 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:

ALEXANDRA RODRIGUEZ

Name of Person

TESTIMONY OF SELECTED CATHOLIC AUTHORS, INC.

Firm/Company

2315 BERGENLINE AVENUE

Address

UNION CITY, NJ 07087

City/State and Zip Code

alexandradesanjose@gmail.com

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

For further information concerning this matter, please call:

ALEXANDRA RODRIGUEZ

Name of Person

at (201) 866 6325

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. **TESTIMONY OF SELECTED CATHOLIC AUTHORS, 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. STATE OF NEW JERSEY 3. 46-3724431
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/23/2012 5. PERPETUAL
(Date of Incorporation) (Date of duration, if other than perpetual)

6. none
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 2315 BERGENLINE AVENUE UNION CITY, NJ 07087
(Principal office street address)

2315 BERGENLINE AVENUE UNION CITY, NJ 07087
(Current mailing address, if different)

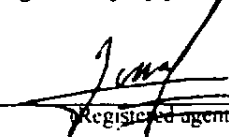
8. Activities related to our services: Evangelization, bookstore, workshops, training for volunteers.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Julie Román
Office Address: 4668 Ross Lanier lane
Kissimmee, Florida 34758
(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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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: EVA VARGAS
☐ Vice Chairman Address: 2315 BERGENLINE AVE #2
☐ Director UNION CITY, NJ 07087
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: CECILIA TELLO
☐ Vice Chairman Address: 300 45TH ST APT 2G
☐ Director UNION CITY, NJ 07087
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: JUDITH MARTINEZ
☐ Vice Chairman Address: 2315 BERGENLINE AVE #3
☐ Director UNION CITY, NJ 07087
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: ANANIAS LUNA
☐ Vice Chairman Address: 34 48 95 ST APT 4A
☐ Director JACKSON HTS, NY 11372
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: VOCAL ☐ Other: _____

☐ Chairman Name: MARIA LUIS
☐ Vice Chairman Address: 9123 112TH
☐ Director Richmond Hill NY 11418
☐ 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. Eva Vargas
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. EVA VARGAS- PRESIDENT
(Typed or printed name and capacity of person signing application)

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

TESTIMONY OF SELECTED CATHOLIC AUTHORS, INC.

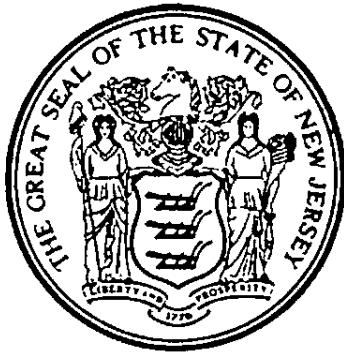
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I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on August 23, 2012.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

JUDITH MARTINEZ
2315 BERGENLINE AVENUE
1ST FLOOR
UNION CITY, NJ 07087



*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
16th day of May, 2024.*

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6153633571

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp