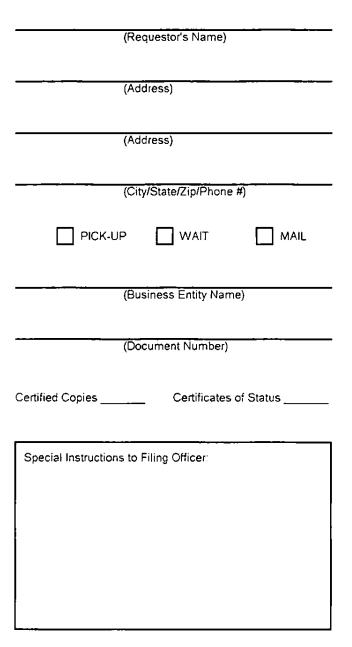
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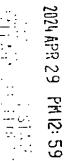






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1.95 2 2 2024 K. Brumbley

COVER LETTER

TO:	Division of Corporations		
CHDI	ECT: Missionary Athletes International		
SUDJ	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:		
	Brent Morris		
	Name of Person		
	Missionary Athletes International		
	Firm/Company		
	9303 Monroe Rd		
	Suite L		
	Address		
	Charlotte NC		
	City/State and Zip Code		
	bmorris@maisoccer.com		
	E-mail address: (to be used for future annual report notification)		
For fu	ther information concerning this matter, please call:		
Brent	Morris 704 841-8652 at ()		
	Name of Person 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 810 Tallahassee, FL 32303		
Please	iced is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE 0.00 Filing Fee \$\Bigcup \$78.75 Filing Fee & \$\Bigcup \$87.50 Filing Fee,\$ Certificate of Status Certified Copy 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:

California (State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (PEI number, if applicable) (Date of Incorporation) (Date of Incorporation) (Date of duration, if other than perpetual) July 2023 (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502. F.S. to determine penalty liability. 1395 Campus View Ct. Oviedo, FL, 32765 (Principal office street address) 1395 Campus View Ct. Oviedo, FL, 32765 (Current mailing address, if different) Conduct sports ministry using the sport of soccer to fulfill our mission (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Austin Shaner The Address: 1395 Campus View Ct Oviedo (City) Florida 32765 (Zip Code)	,	tilable in Florida, enter alternate corporate nam	e adopted for the purpose of transacting bus	siness in Florida)
December 1983 5. (Date of Incorporation) (Date of duration, if other than perpetual)	California	3	33-0017152	
(Date of Incorporation) (Date of duration, if other than perpetual) July 2023 (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability. 1395 Campus View Ct. Oviedo, FL., 32765 (Principal office street address) 1395 Campus View Ct. Oviedo, FL., 32765 (Current mailing address, if different) Conduct sports ministry using the sport of soccer to fulfill our mission (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Austin Shaner	(State or cour	ntry under the law of which it is incorporated)	(FEI number, if applicable))
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Name: Austin Shaner	Name and stre	eet address of Florida registered agent: (P.0	O. Box NOT acceptable)	- 1.1. 20 ₋
Name: Austin Shaner				99
fice Address: 1395 Campus View Ct Oviedo , Florida 32765 (City) (Zip Code)	Name:	Austin Shaner		
Oviedo , Florida 32765 (Zip Code)		1395 Campus View Ct		
(City) (Zip Code)	fice Address	Oviedo	32765	??
(372)	fice Address:	(Cara)	, Florida(Zin Code)	
	fice Address:	(C.IIV)		
		(City)	, , ,	
ving been named as registered agent and to accept service of process for the above stated corporation at the pla	. Registered ving been na	agent's acceptance: smed as registered agent and to accept ser	vice of process for the above stated cor	poration at the plac
	. Registered ving been na ignated in th	agent's acceptance: med as registered agent and to accept ser is application, I hereby accept the appoin	vice of process for the above stated cor timent as registered agent and agree to	act in this capacity

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]:

DChairman	David Urban Name:	Chairman	Name: Karen Meloch
⊒Vice Chairman	9303 Monroe Rd Address:	□Vice Chairman	Address: 9303 Monroe Rd Suite L
□Director	Suite L	☐ Director	Charlotte
President	Charlotte NC	□ President	NC
□Vice President	28270	□Vice President	28270
Secretary	□Treasurer	☐ Secretary	☐Treasurer
Other:		□Other:	Other:
□Chairman	Name:	□ Chairman	Name:
JVice Chairman	Address:	□Vice Chairman	Address:
Director	Whittier	Director	
☐President	CA	☐ President	
OVice President	90603	□Vice President	
Secretary	□Treasurer	☐ Secretary	Treasurer
]Other:		□Other:	Other:
DChairman	Name: Paul Holt	□Chairman	Name:
JVice Chairman	Address: 15911 E Whittier Blvd		
Director	Whittier	~ .	
President	CA	☐ President	
OVice President	90603	□ Vice President	
Secretary	■ Treasurer	☐ Secretary	Treasurer
□Other:	Other:	Other:	Other:



I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

Entity Name: MISSIONARY ATHLETES INTERNATIONAL

Entity No.: 1219425 **Registration Date:** 12/21/1983

Entity Type: Nonprofit Corporation - CA - Religious

Formed In: CALIFORNIA

Status: Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 29, 2024.

SHIRLEY N. WEBER, PH.D.

Secretary of State

Certificate No.: 204996431

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at **biz**fileOnline.sos.ca.gov.