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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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COVER LETTER

то:	Registration Section Division of Corporations					
SHRI	ECT: Gathering of Christ Church, Inc.					
50170	Name of Corporation – must include suffix					
Dear S	ir or Madam:					
Affairs	sclosed "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:					
	Michelle Jean-Jacques					
	Name of Person					
	Gathering of Christ Church, Inc.					
	Firm/Company					
	558 Parkside Avenue, Apt B7					
	Address					
	Brooklyn, New York 11226					
	City/State and Zip Code					
	gocclegalcompliance@gmail.com					
	E-mail address: (to be used for future annual report notification)					
For fu	ther information concerning this matter, please call:					
Richar	rd Sheppard Jr. 718 2163343 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 810Tallahassee, FL 32303					
Please	ed is a check for the following amount: make check payable to: FLORIDA DEPARTMENT OF STATE 1.00 Filing Fee S78.75 Filing Fee \S78.75 Filing Fee \S78.75 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:

(If name unav	tilable in Florida, enter alternate corporate name a	dopted for the purpose of transacting bu	siness in Florida)
Washington	3. 82 ntry under the law of which it is incorporated)	2-2527578	
		(FEI number, if applicable)
November 21,	2018 5		
(į	Date of Incorporation)	(Date of duration, if other than	perpetual)
Not applicabl	e		
Date first cond	ucted affairs in Florida if prior to registration. See se	ctions 617.1501 & 617.1502, F.S. to deter	rmine penalty liabilit
311 N. Powe	rs Dr. Orlando, Florida 32818		
	(Principal office	street address)	
Purpose(s) of Name and <u>str</u>	corporation authorized in home state or country to eet address of Florida registered agent: (P.O.	Box NOT acceptable)	2024 NOV
Purpose(s) of Name and <u>str</u> Name:	corporation authorized in home state or country to eet address of Florida registered agent: (P.O. Richard Sheppard Jr.	Box NOT acceptable)	2024 NOV -4 SECRETARY:
Purpose(s) of Name and <u>str</u> Name:	corporation authorized in home state or country to eet address of Florida registered agent: (P.O. Richard Sheppard Jr. 3311 N. Powers Drive	Box NOT acceptable)	2024 NOV -4 AM SECRETARY OF TALLAPASSEE
Purpose(s) of Name and <u>str</u> Name:	corporation authorized in home state or country to eet address of Florida registered agent: (P.O. Richard Sheppard Jr. 3311 N. Powers Drive	Box NOT acceptable)	2024 NOV -4 AM 10: SECRETARY OF STA
Name and <u>str</u> Name:	corporation authorized in home state or country to eet address of Florida registered agent: (P.O. Richard Sheppard Jr. 3311 N. Powers Drive	Box NOT acceptable)	2024 NOV -4 AM IO: 36 SECRETARY OF STATE TALLAHASSES FL

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: 139 Trenton Road 139 Trenton Road	□Chairman □Vice Chairman □Director □President ■Vice President □Secretary □Other:	Name: Brandon Ray
□ Chairman Name: □ Vice Chairman Address: □ Director Fairless Hills, PA 19030 □ President □ □ Vice President □ □ Secretary □ Treasurer □ Other: □ Other:	□Chairman □Vice Chairman □Director □President □Vice President □Secretary	□Treasurer
□Chairman Name: Secretary □ Treasurer Other: □ Other: NOTE: Important Notice: Use an attachment to report more than si Non-indexed individuals may be added to the index when filing you Signature of Chairman, Vice Chairman, or any o Richard Sheppard Jr.	r Florida Department o	Address: Fairless Hills, PA 19030 □ Treasurer □ Other: will be imaged for reporting purposes only. of State Annual Report form.



1, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

GATHERING OF CHRIST CHURCH

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 11/21/2018.

1 FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 10/28/2024 UBI Number: 604 373 820

In R Hollie

STATE OF WASHINGTON 1889

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 10/28/2024



Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

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Issued Date: 10/28/2024 UBI Number: 604 373 820

STATE OF WASHING

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

tu R Hophre

Steve R. Hobbs, Secretary of State

Date Issued: 10/28/2024