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	1	Name of Person		_	
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	Faith Covenant Fellowship International I				
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		Firm/Company		-	
	430 Los Altos Way - Apt 204				
		Address		-	
	Altamonte Springs, FL 37412				
	City/	State and Zip Code	······································	_	
	UCCSD @ Abl. COM E-mail address: (to be us	ed for future annual	l report notification)	-	
r further in	formation concerning this matter, please call:				
Mik	e Anderson	502 at (776-3858		
	Name of Contact Person	Area Code	Daytime Telephone Number	-	
Divi: Regi P.O.	LING ADDRESS: sion of Corporations stration Section Box 6327 shassee, FL 32314		STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
	check for the following amount: 125.00 Filing Fee Certificate of Status	■ \$155.00 Filir Certified Copy			

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN-LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Faith Covenant Fellowship International, LLC

(Name of Foreign Limited Liability Company: must include "Limited Liability Company," "L.L.C.," or "LLC.")

	name unavailable, enter alternate name adopted for the purpose of tra- ability Company," "L.L.C." or "LLC.")	ansaeing business in Fiorida. The anerhaic name onist men	uc 14	micu
r	Kentucky 3.	81-0704354		
	Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)		
4.	08/31/2016			
٦.	(Date first transacted business in F (See sections 605.0904 & 605.0905,	Horida, if prior to registration.) F.S. to determine penalty liability)		
5.				
	727 South 15th Avenue			
	(Street Address of Princip	pal Office)		
6.			6 0	
	Louisville, KY 40210		CT 2	<u>_</u>
	(Mailing Addre	(8) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	õ	Г Г

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

Name:	B Faith Covenant Fello	wship International, LLC	Barry E. Bra	ndom	َ بِ
Office Address:	430 Los Altos Way	Apt 204	/		55
	Altamonte Springs	·	, Florida 37412		
		(City)	(Zip code)	

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Sang E

8. The name, title or capacity and address of the person(s) who has have authority to manage is/are:

Barry Brandon-President

Altos WAY 08 Spengs, Horida 327 AltAmonte

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Signature of an authorized person

This document is executed in accordance with section 605,0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Barry Brandon

	Commonw	vealth of	f Kentuck	(y
Alison	Lundergan	Grimes,	Secretary	of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

Certificate of Existence

Authentication number: 181878 Visit <u>https://app.sos.ky.gov/ftshow/certvalidate.aspx</u> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

Faith Covenant Fellowship International, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is December 1, 2015 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Sea at Frankfort, Kentucky, this 17th day of October, 2016, in the 225th year of the Commonwealth.



ndergan Orimes

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Alison Lundergan Grimes Secretary of State Commonwealth of Kentucky 181878/0938161