12/1/21, 2:00 PM

Division of Corporations

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(((H210004387813)))



H210004387613ABC1

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To:

Division of Corporations

Page: 2 of 5

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (514)280-3338

Fax Number

: (954)208-0845

\*\*Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please. \*\*

Email Address:

## Foreign Limited Liability Company FAITH FRANCHISING COMPANY, LLC

Certificate of Status	0	
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S. FRANKLIN

DEC - 2 2021

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\*\*\*2 OF 2, DO NOT REJECT. FILE SECOND WITH H21000438777 3 FIRST\*\*\*

From: Kaity Toon

Faith Franchising Comp						
(Name of Foreign	Cunited Liability Company; must include "Limited	Liability (	outpany," "T.I.C.," or "FFC")		-	
(If name univariable, enter alternate of	ame all pied for the purpose of bansacing business in Flo	لد ۱۰ اد ما	unsate name must metude "Lamited Frability Co	ungsury" "L.L.C." se "	ia Cin	
Delaware 2. (lunsdiction under the tay of which foreign limited hability rumpaity is organized)		35-1957965				
		٥	3. (FPI number, if applicable)			
Upon Filing						
4	(Date first transacted business or Florida, it prior to a r Sec sections 605 (2004 & 605 0005, F.S. to determin	egistration ( e penalty li	ability)	202		
5. (Street Address of Principal Othics)		٥. <u>.</u>	(Mailing Address)		- "7]	
3450 East Lake Road,	Suite 200	.:	450 Hast Lake Road, State 200	25/AS		
Palm Harbor, Florida 3	4685	 I	alm Harbor, Florida 34685	PH 2:		
7. Name and street address	is of Pforida registered agent (P.O. Box	<u>NOT</u> ac	rceptable)		•	
Name.	CT Corporation System					
Office Address:	1200 South Pine Island Road		<del></del>			
	Plantation		33324 Florida			
designated in this applica to comply with the provisi and accept the obligation	gistered agent and to accept service of p tion, I hereby accept the appointment as ions of all statutes relative to the proper of s of my position as registered agent.	register and con	or the above stated limited liabilited agent and agree to act in this	capacity. I furt	her agree	

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
□Manager	Name: Office Pride, LLC	□Manager	Name: James Todd Hopkins	
Member .	Address:	□Member	Address:	
□Amhorized	3450 East Lake Road, Suite 200	<b>河</b> Authorized	3450 East Lake Road, Suite 200	
Person	Palm Harbor, Florida 34685	Person	Paim Harbor, Florida 34685	
Other	Other	□Qthet		
□Manager	Name:	☐Manager	Name:	
[]Member	Address:	□Member	Address:	
□ Authorized		□Authorized		
Person		Person	2081	
□Other		□Other	DOJET DEC T	
□Manager	Name:	□Manager	Name: Se T	
∏Member	Address:	□Member :	Address:	
□Authorized		□ Authorized	p. —	
Person		Person		
Other	Other	□Other	DOther	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

10. 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 \$.817.155, F.S.

> ure of an authorized person James Todd Hopkins

<sup>9.</sup> 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)

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

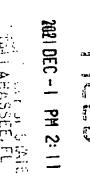
DELAWARE, DO HEREBY CERTIFY "FAITH FRANCHISING COMPANY, LLC" IS

DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIRST DAY OF DECEMBER, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.





Authentication: 204826146

Date: 12-01-21