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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)389-0502

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

mail	Address:	

23 / P.2 | 9 | F.11 | [2: DEPA: | J.YT. OF STA WISCON | F. CERPOANI WILLIAN | SSEE: / LOSE

Foreign Limited Liability Company NEW THOUGHT MINISTRIES LLC

Certificate of Status	. 0
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ALLAHASSEE, FLORIDA

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Help

Registration Section

TO:

From: Richard York

COVER LETTER

Div	ision of Corporations	•				
SUBJECT:	NEW THOUGHT M	IINISTRIES LLC				
JOBSEC I.	Name of Limited Liability Company					
		righ Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ito register the above referenced foreign limited liability company to transact business in Florida.				
Please return	all correspondence eq	oncerning this matter to the following:				
	Cheyenne Moseley					
	Name of Person					
	Legalzoom, com, Inc.					
	Firm/Company					
	101 N Brand Blvd 11th Fl					
	Address					
	Glendale, CA 91	1203				
		City/State and Zip Code				
	rabon768@gmai					
		E-mail address: (to be used for future annual report notification)				
For further in	nformation concerning	this matter, please call:				
Cheyenne Moseley		800 773-0888 at ()				
	Name of	f Contact Person Area Code Daytime Telephone Number				
	ILING ADDRESS: ision of Corporations	STREET ADDRESS: Division of Corporations				
	sistration Section	Registration Section				
_	Box 6327	Clifton Building				
Tall	lahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301				
	losed is a check for th	e following amount: le to: FLORIDA DEPARTMENT OF STATE				
	\$125.00 Filing Fee	\$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee, Certificate Certificate of Status Certified Copy of Status & Certified Copy				

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P 2/4

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: NEW THOUGHT MINISTRIES LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC,") (if name unavailable, sever shormer same adopted for the purpose of transacting business in Florida. The electrone name intelligent mobile "Limited Lability Company," "L.L.C," or "L.L.C." or "L.L.C." Ulinois (furreduction under the law of which fareign limited liability commany a organized) (Data fact transacted business in Floreds, if junio to registration.)
(See sections 603,0904 & 605,0905 F.S. In determine positry habitaty) 11400 4th St N #106 11400 4th St N #106 (Sincel Address of Principal Office) (Musting Address) St. Petersburg, Florida 33716 St. Petersburg, Florida 33716 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Darlene Rabon Nanw:

Registered agent's acceptance:

Office Address:

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

10

11400 4th St N #106

St. Petersburg

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: Dale Giles	Manager	Name: Darlene Rabon
☐Member	Address:	Member	Address: 11400 4th St N #106
Authorized	St. Petersburg, Florida 33716	Authorized	St. Petersburg, Florida 33716
Person		Person	
Other	Other	Other	
Manager	Name:		Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other
Manager	Name:	Manager	Name:
Member	Address:	Member	Address:
Authorized		Authorized	
Person		Person	
Other	Other	Other	Other

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.

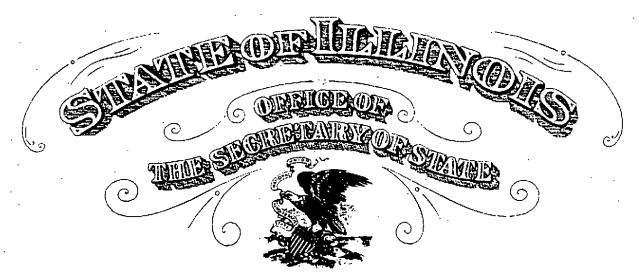
- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 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 s.817.155, F.S.

Clabor
Signature of an authorized person

Dale Giles

File Number

0893484-3



To all to whom these Presents Shall Come, Greeting:

I, Alexi Giannoulias, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the

Department of Business Services. I certify that

NEW THOUGHT FOUNDATION LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 13, 2020, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 19TH
day of APRIL A.D. 2023.

10.4.1

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