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COVER LETTER

\$70.00 Filing Fee

□\$78.75 Filing Fee &

Certificate of Status

TO: Registration Section Division of Corporations			
SUBJECT: Good News Ministry Inc. Name of Corporation - must include suffix			
Dear Sir or Madam:			
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.			
Please return all correspondence concerning this matter to the following:			
Larissa Love Name of Person			
Good News Ministry Firm/Company			
1348 Beach Blvd			
#50091 Address			
Jacksonville Beach FL 32250 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Collissa Love at (843) 338-2219 Name of Person at (843) 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			
Enclosed is a check for the following amount:			

□\$78.75 Filing Fee &

Certified Copy

□\$87.50 Filing Fee.

Certified Copy

Certificate of Status &

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 SUBMITT REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT THE STATE OF FLORIDA:	
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviation import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so in the name at present, "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)	ons of like to contained
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in	ı Florida)
2. (State or country under the law of which it is incorporated) 4. (Date of Incorporation) 9.05.2(&) (FEI number, if applicable) 5. (Date of duration, if other than perpetu	<u>al)</u>
6. (Date first conducted affairs in Florida if prior to registration. See sections 617,1501 & 617,1502, F.S. to determine pe	maliv liability s
7. 1348 Beach Blud # 50091 Jacksonville Beach	
Current mailing address. it different) Sign: Ministry of Lanssa Love Evangelist white, en awager + prayer was Ning is to help peale be destably devoted followed of the Lord (Purpose(s) of corporation authorized in home state of country to be carried out in the state of Florida) 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: (aith) Armstrong Office Address: 14286 Blau Blad Ste #42 The Chull of Elevi Jacusanill Florida 32750 (City) (Zip Code)	
Name: (aithin Armstrong	
Office Address: 14286 Black Block Ste #42 The Church of Elevi	en CC.
· · · · · ·	•
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation designated in this application. I hereby accept the appointment as registered agent and agree to act in further agree to comply with the provisions of all statutes relative to the proper and complete performs and I am familiar with and accept the obligations of my/position as registered agent.	an at the place this capacity. I
(Registered agent's signature)	
11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of the	nis 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) totall: A. DIRECTORS Name: Larissa Name: _____ □Chairman □ Chairman □ Vice Chairman □ Vice Chairman Address: _____ Director □ Director resident المنتا □President □ Vice Presidenta □ Vice President □ Secretary □ Secretary □Treasurer □Other: _ □Other: Other:___ □Other:_____ □Chairman □ Chairman Name: ☐ Vice Chairman Address: □ Director □President □President ☐ Vice President □ Vice President ☐ Secretary □Treasurer □ Secretary Treasurer Other:____ □Other: Other: □Other: □ Chairman Name: _____ Address: CiVice Chairman □Vice Chairman □ Director irectorراسيك □President President ☐ Vice President □ Vice President □ Secretary ☐ Treasurer □Treasurer □ Secretary Other:___ □Other: Other: □Other: NOTE: 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. nature of Chairman. Vice Chairman, or any officer listed in number 12 of the application)

Commontorealth of Hirginia



State Corporation Commission

CERTIFICATE OF GOOD STANDING

1 Certify the Following from the Records of the Commission:

That Good News Ministry is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on November 16, 2009;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

Signed and Sealed at Richmond on this Date:

October 25, 2024

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2024102520940877