F250000000101

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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	egistration Section ivision of Corporations						
SHR IE	CT: HOUSE OF HOPE MINISTRIES SWFL IN	C					
SUBJEC	Name of Corporation	- must include suffix					
Dear Sir	or Madam:						
Affairs in	osed "Application by Foreign Not for Profit Con Florida", "Certificate of Existence", or "Cer	tificate of Status" and ch	eck are submitted to				
Please ret	turn all correspondence concerning this matte	er to the following:					
	Joshua Rothwell						
	Name of 1	Person					
	HOUSE OF HOPE MINISTRIES SWFL INC						
	Firm/Cor	mpany					
	3540 Dora St						
	Address						
	Fort Myers, FL. 33916						
	City/State and	l Zip Code					
	joshrothwell644@gmail.com						
	E-mail address: (to be used for fur	ture annual report notifica	ation)				
For further	er information concerning this matter, please	call:					
Joshua R	tothwell 2:	920-1499					
	Name of Person A	rea Code Daytime Te	lephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Please mal	is a check for the following amount: ke check payable to: FLORIDA DEPARTMEN 0 Filing Fee \$\Bigsim \frac{1}{2}\$\$ Filing Fee \$\Centre{1}\$\$ Certificate of Status	T OF STATE □\$78.75 Filing Fee & Centified Copy	□\$87.50 Filing Fee. 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:

HOUSE OF H	IOPE MINISTRIES SWFL INC	•		
(Name of corporimport in langua in the name at p	ration: must include the word "li age as will clearly indicate that it resent. "Company" or "Co." may	NCORPORATED" or t is a corporation inste y not be used as a corp	"CORPORATION" or words or abbrevia ad of a natural person or partnership if not sorate suffix by a nonprofit corporation.)	tions of like so contained
(If name unava	ilable in Florida, enter alternate	corporate name adopt	ed for the purpose of transacting business	in Florida)
Washington		3. 33-18	39980	
(State or cour	ntry under the law of which it is	incorporated)	(FEI number, if applicable)	
11/08/2024		Ś		
(D	Date of Incorporation)		(Date of duration, if other than perpe	tual)
Date first cond	ucted affairs in Florida if prior to i	registration. See section	is 617.1501 & 617.1502, F.S. to determine p	penalty liability.)
22525 SE 64th	Place, Suite 2253, Issaquah, W.	A 98027		
		(Principal office stre	et address)	
3540 Dora St. F	Fort Myers, FL 33916			
	(C	Current mailing addres	s, if different)	
Teach Christia	n doctrines and biblical truths, corporation authorized in home s	onduct church and wo	rship services.	
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)			2023 JAN 27	
Name:	Joshua Rothwell			2
	3540 Dora Sı			7
	Fort Myers	Fl	orida 33916 (Zip Code)	
,	(City)		(Zip Code)	Æ
				8
iving been na signated in th rther agree to	is application, I hereby accept	pt the appointment of all statutes relativ	Process for the above stated corporal as registered agent and agree to act in the proper and complete perform as registered agent.	n this capacity.
		(Danistania)		
		(Registered agent's	signature)	

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. DIRECTOR			
■ Chairman	Name: Joshua Rothwell	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director	Fort Myers, FL 33916	□Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other:	☐ Other:	□Other:	Other:
□Chairman ■Vice Chairman	Name: Mark Wigginton Address: 4340 Lazio Way, Unit 1306	□Chairman □Vice Chairman	Name:Address:
□Director	Fort Myers, FL 33901	□Director	
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other:	Other:	Other:	Other:
□Chairman	Name: Roger Rothwell	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
■Director	Fort Myers, FL 33907	□Director	
□President		□President	
□Vice President		□Vice President	
☐ Secretary	□Treasurer	☐ Secretary	□Treasurer
□Other:	Other:	□Other:	□Other:
Non-indexed indiv	t Notice: Use an attachment to report more than so ridials may be added to the index when filing you (Signature of Chairman, Vice Chairman, or any coult, Pastoral Director (Typed or printed name and capacity of	ır Florida Department c	of State Annual Report form. 12 of the application)



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

HOUSE OF HOPE MINISTRIES SWFL

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 11/08/2024.

I 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: 11/08/2024 UBI Number: 605 639 855

LR Hobbe

STATE OF STA

Coven under my hand and the Scal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued, 11-08-2024