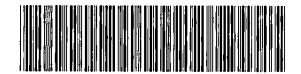
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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates of	Status		
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COVER LETTER

TO: Registration Section

Division of Corporations					
SUBJECT: Hope After Betraval Ministries 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:					
Kristy Rodriguez					
Hope After Betrayal Firm/Company					
1801 East Lake Rd Apt 15E					
Palm Harbor, FL 34685 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Kristy Rodriguez at (719) 354-8444 Name of Person at (719) 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: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Begin{array}{cccccccccccccccccccccccccccccccccccc					

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:

Hope After Betrayal Ministres Incorporated (Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbrimport in language as will clearly indicate that it is a corporation instead of a natural person or partnership in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.	reviations of like f not so contained n.)			
Hope After Betrayal Incorporated (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business.)	ness in Fforida)			
2. Washington USA 3. (State or country under the law of which it is incorporated) (FEI number, if applicable)				
1. 5/22/2013 (Date of Incorporation) 5. (Date of duration, if other than perpetual)				
6. Jan 15+ 2025 (Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determ	nine penalty liability.)			
7. 1400 NE 136th Ave, Vancouver WA 98684 (Principal office street address)	<u> </u>			
PO Box 376 Olds mar FL 34677 (Current mailing address, if different)				
8. Ministry Support Group Services (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)				
9. Name and <u>street address</u> of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)	2005			
Name: Kristy Rodriguez Office Address: 1801 E Lake Rd Apt 15E Palm Harbor, Florida 34685 (Zip Code)	€+; • ± • • +			
Palm Harbor, Florida 34685 (Zip Code)	<u>ः</u> ज			
10. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corp	oration at the place			
designated in this application, I hereby accept the appointment as registered agent and agree to a further agree to comply with the provisions of all statutes relative to the proper and complete per and I am familiar with and accept the obligations of my position as registered agent.	ict in this capacity. I			
1/ 1 0 0 1				

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	RS		_	
□Chairman	Name: Kristy Rodriguez	□Chairman		unilda Rodriguez
□Vice Chairman	Address: 1801 E. Lake Rd	□Vice Chairman	Address: 4	2472 Castle Ct
Director	Building 15 Apt E	□Director	Canto	on MI
□President	Palm Harbor, FL	□President		48188
□Vice President	34685	□Vice President		
□Secretary	□Treasurer	☐ Secretary		□Treasurer
□Other:	☐ Other:	ØOther:Board	<u>Member</u>	□Other:
X iChairman	Name: Meg Wilson	□Chairman	Name:	
□Vice Chairman	Address: 6331 NW Klickitat Ct	□Vice Chairman		
□Director	Camas, WA 98607	□Director		
□President		□President		
□Vice President		□Vice President		
☐ Secretary	□Treasurer	□Secretary		□Treasurer
Other:	☐ Other:	Other:		□Other:
□Chairman	Name: Eugenia Hatch			
	Address: 10510 Renaissance Au	C □Vice Chairman	Address:	
□Director	Fairfield, CA 94534	□Director		
□President		□President		
□Vice President		□Vice President		
Secretary	□Treasurer	□Secretary		□Treasurer
□Other:	☐ Other:	□Other:		Other:
Non-indexed indi	at Notice: Use an attachment to report more than six yiduals may be added to the index when filing your when filing your Kowy (Signatur of Clairman, Vice Chairman, or any off Sty L. Kowy and a second of the control o	Florida Department o	of State Annual	Report form.

The State of Washington

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

HOPE AFTER BETRAYAL MINISTRIES

1 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 05/22/2013.

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: 01/16/2025 UBI Number: 603 304 443

te R Hobbie



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 01/16/2025