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(Requestor's Name)

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(City/State/Zip/Phone #)

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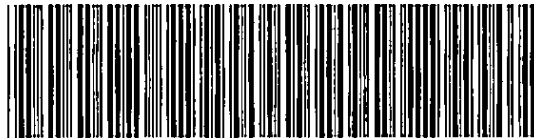
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE - FLORIDA

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TALLAHASSEE, FLORIDA

**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:

1. THE LARRY COOKE MINISTRIES, INC.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Texas 3. 20-5131051  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 9, 2006 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. n/a  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 4525 S. Atlantic Avenue, Unit 1605 Ponce Inlet, Florida 32127  
(Principal office street address)

Promulgate the Gospel in the church, meetings, concerts, homes, jails, prisons and missions both foreign and domestic; to build the kingdom of God by building churches, schools, and other facilities as needed to share the Gospel; to support ministries such as Pastors, Missionaries and Christian Workers by receiving Love Offerings during the meetings as it becomes necessary; print and publish materials as needed to further the Gospel Message.

8. (Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

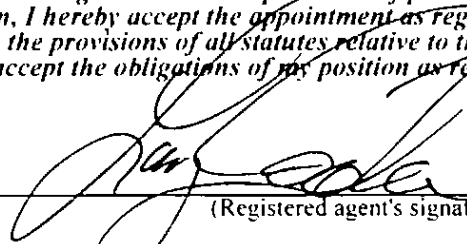
Name: Larry E. Cooke

Office Address: 4525 S. Atlantic Avenue, Unit 1605  
Ponce Inlet, Florida 32127

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**10. Registered agent's acceptance:**

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

  
\_\_\_\_\_  
(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. DIRECTORS**

Chairman Name: Larry E. Cooke

Vice Chairman Address: 4525 S. Atlantic Avenue, Unit 1605

Director Ponce Inlet, FL 32127

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Ty Hickman

Vice Chairman Address: 842 Keener Road

Director Symore, TN 37865

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Shelle Cooke

Vice Chairman Address: 4525 S. Atlantic Avenue, Unit 1605

Director Ponce Inlet, FL 32127

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Vice Chairman Address: \_\_\_\_\_

Director \_\_\_\_\_

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Vice Chairman Address: \_\_\_\_\_

Director \_\_\_\_\_

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: \_\_\_\_\_

Vice Chairman Address: \_\_\_\_\_

Director \_\_\_\_\_

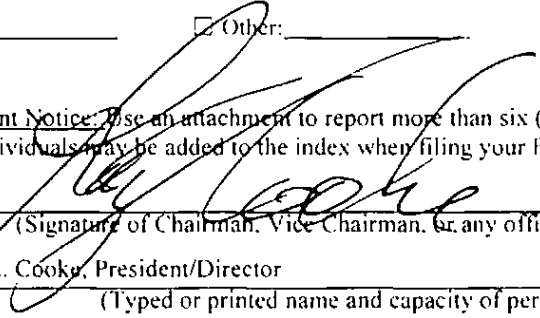
President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary  Treasurer

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.

13.   
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Larry E. Cooke, President/Director  
 (Typed or printed name and capacity of person signing application)

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



John B. Scott  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for THE LARRY COOKE MINISTRIES, INC. (file number 800673858), a Domestic Nonprofit Corporation, was filed in this office on June 27, 2006.

It is further certified that the entity status in Texas is in existence.

Delayed Effective date: June 28, 2006

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on January 05, 2022.



A handwritten signature in black ink, appearing to read "John B. Scott".

John B. Scott  
Secretary of State