

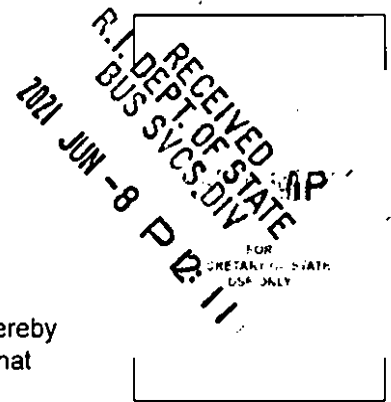


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Certificate of Authority
 FOREIGN Non-Profit Corporation

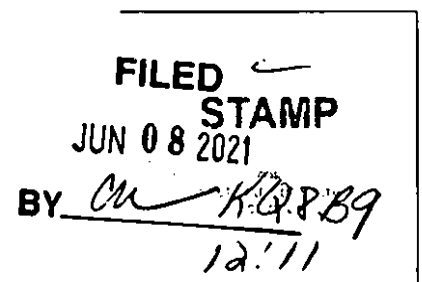
→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-6-74, the undersigned foreign non-profit corporation hereby applies for a Certificate of Authority to conduct affairs in the State of Rhode Island, and for that purpose submits the following statement:



1. The name of the corporation is:		
Christian Care Ministry, Inc.		
1a. The name, if different, which it elects to use in Rhode Island is:		
*If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application.		
2. It is incorporated under the laws of: FL		
3. The date of its incorporation is: 9/4/1998		
And the period of its duration is: CHECK ONLY ONE BOX		
☒ Perpetual (on-going)		
☐ Date certain for dissolution _____		
4. The address of its principal place of business is: 4150 W. Eau Gallie Blvd., Melbourne, FL 32934		
5. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name Corporation Service Company		
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200		
City/Town Warwick	State RHODE ISLAND	Zip Code 02888

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov



6. The purpose or purposes which it proposes to pursue in the conducting its affairs in Rhode Island:
Christian Care Ministry administers healthcare sharing programs through: Educating prospective members, enrolling new members, facilitating sharing of member medical bills, advocating on behalf of members.

Check the box to indicate an attachment ☐

7. The names and respective addresses of its directors and officers are:

OFFICE	NAME	ADDRESS
Director	Joseph Turner	4150 W. Eau Gallie Blvd., Melbourne, FL 32934
Director	David Metcalf	4150 W. Eau Gallie Blvd., Melbourne, FL 32934
Director	Jeremy Moser	4150 W. Eau Gallie Blvd., Melbourne, FL 32934
President	Scott Reddig, CEO	4150 W. Eau Gallie Blvd., Melbourne, FL 32934
Vice President		
Treasurer		
Secretary		

Check the box to indicate an attachment ☐

8. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

Under penalty of perjury, we declare and affirm that we have examined this Application for Certificate of Authority, including and accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of ☒ President OR ☐ Vice President Scott Reddig	Date
--	------

Signature of President OR Vice President

SIGN DOCUMENT HERE


Scott Reddig (Apr 22, 2021 15:52 EDT)

Type or Print Name of ☐ Secretary OR ☐ Assistant Secretary N/A	Date
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Signature of Secretary OR Assistant Secretary

SIGN DOCUMENT HERE

6. The purpose or purposes which it proposes to pursue in the conducting its affairs in Rhode Island:
 Christian Care Ministry administrates healthcare sharing programs through: Educating prospective members, enrolling new members, facilitating sharing of member medical bills, advocating on behalf of members.

Check the box to indicate an attachment ☐

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Type or Print Name of ☒ President OR ☐ Vice President	Date
--	------

Signature of President OR Vice President	SIGN DOCUMENT HERE
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Type of Print Name of ☐ Secretary OR ☐ Assistant Secretary no Secretary	Date
--	------

Signature of Secretary OR Assistant Secretary	SIGN DOCUMENT HERE
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State of Florida

Department of State

I certify from the records of this office that CHRISTIAN CARE MINISTRY, INC. is a corporation organized under the laws of the State of Florida, filed on September 4, 1998.

The document number of this corporation is N99000002705.

I further certify that said corporation has paid all fees due this office through December 31, 2021, that its most recent annual report/uniform business report was filed on April 13, 2021, and that its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Sixteenth day of April, 2021*



Randy Be
Secretary of State

Tracking Number: 4440402884CU

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>



State of Rhode Island

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

June 08, 2021 12:11 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

