State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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FOR SECRETARY OF STATE USE ONLY

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	State	Zip Code
Warwick	RHODE ISLAND	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

FILED STAMP
JUN 08 2021
BY [signature] KQ8B9
12:11

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 ☐

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	Date
Scott Reddig	

Signature of President OR Vice President

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

SIGN DOCUMENT HERE

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

Signature of Secretary OR Assistant Secretary

SIGN DOCUMENT HERE

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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Type or Print Name of ☑ President OR ☐ Vice President

Date

Signature of President OR Vice President

SIGN DOCUMENT HERE

Type of Print Name of ☐ Secretary OR ☐ Assistant Secretary no Secretary

John Mongelli, CFO

Date

Signature of Secretary OR Assistant Secretary

John Mongelli (Jun 4, 2021 11:38 EDT)

SIGN DOCUMENT HERE

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

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

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

Nellie M. Gorbea
Secretary of State