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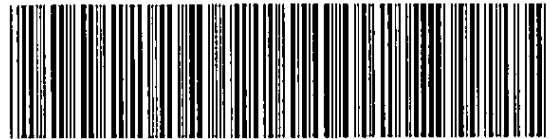
(Business Entity Name)

(Document Number)

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DATE: 8/27/19

NAME: EXODUS 1414, INC.

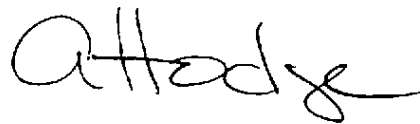
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COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Exodus 1414, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00
Filing Fee

\$78.75
Filing Fee &
Certificate of
Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Exodus 1414 Inc
Name (Printed or typed)

614 E. HWY 50, #171
Address

Clermont, FL. 34711
City, State & Zip

650-353-6031
Daytime Telephone number

philalnel144@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Exodus 1414 Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

614 E. Hwy. 50 #171

Clermont, FL. 34711

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
to establish and maintain a church modeled after the Biblical, Christian community as recorded in the Christian Bible, for the
advancement of the Gospel of Jesus Christ by all available legal means, both in local and foreign communities, and to provide
Christian fellowship for those of like faith where Jesus Christ may be honored.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: via bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Paracorp Incorporated

Address: 155 Office Plaza Dr. First Floor

Tallahassee, FL. 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JPA Properties, Inc.

Address: 2949 Driftwood Dr

San Jose, CA. 95128

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9/1/19. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

8/26/19
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

8/26/19