

TRANSMITTAL LETTER

Neocor 4197

SUBJECT: Wings of Spirit Metaphysical Ministry, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

000003324730
-07/17/00--01093--0125
*****87.50 *****87.50

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

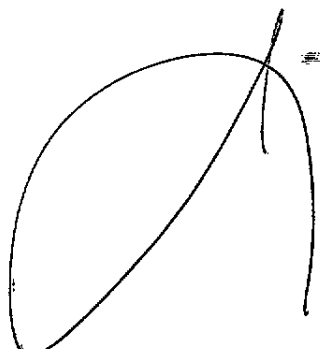
☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Rev. Dave Kemler, I.M.M.
Name (Printed or typed)
9457 117th Street, North
Address
Seminole, FL 33772
City, State & Zip
(727) 391-1612
Daytime Telephone number

FILED
00 JUL 17 AM 11:26
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

 7/29

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Wings of Spirit Metaphysical Ministry, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8547 Seminole Blvd., Seminole, FL 33772

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Non-Profit, religious metaphysical church. Teaching and practicing ecclesiastical metaphysical science principles, beliefs, and life-lessons.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

By the pastor.

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name and addresses:

**Rev. Dave Kemler, I.M.M. / Pastor
9457 117th Street, N.
Seminole, FL 33772**

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

**Rev. Dave Kemler, I.M.M. / Pastor
9457 117th Street, N.
Seminole, FL 33772**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**Rev. Dave Kemler, I.M.M. / Pastor
9457 117th Street, N.
Seminole, FL 33772**

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.

Signature/Registered Agent

Date

Signature/Incorporator

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA