### TRANSMITTAL LETTER

# 101000005296

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

400004500684--4 -07/26/01--01070--018 \*\*\*\*\*87.50 \*\*\*\*\*87.50 Enclosed is an original and one(1) copy of the articles of incorporation and a check for: \$87.50 \$70.00 **\$78.75 □**\$78.75 Filing Fee Filing Fee, Filing Fee Filing Fee & Certified Copy Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED FROM:

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

Daytime Telephone number

Phote

#### ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopts the following Articles of Incorporation:

#### ARTICLE I NAME

The Name of the corporation shall be:

Logos Ministries, Inc.

#### ARTICLE II PRINCIPAL MAILING ADDRESS

The principal mailing address of this corporation shall be:

1400 Village Square Blvd #3. Tallahassee, FL 32312

# ARTICLE III PURPOSE

The specific purpose for which the corporation is organized is:

For the preaching and teaching of God's Word.

For the perfecting of the saints,

For the work of the ministry,

For the edifying of the body of Christ.

#### ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

According to the bylaws

#### ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

James T. Cox 1282 Timberlane Rd. Tallahassee, FL 32312



## ARTICLE VI INCORPORATOR

The name and Florida street address of the Incorporator to these Articles of Incorporation are:

James T. Cox 1282 Timberlane Rd. Tallahassee, FL 32312

Signature/Incorporator

Date

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of the duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA