

ND50000009410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Sibrena Smith GAVE
AUTHORIZATION BY PHONE TO
CORRECT Article IV
DATE 9/14/05
DOC. EXAM MRB

Office Use Only



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09/12/05--01045--015

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 SEP 12 AM 9:14

MRB
9/14

COVER LETTER

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

SUBJECT: Christians Fellowship In Truth 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: Sabrina Smith
Name (Printed or typed)

1000 Megan Lynn Ct
Address

St Cloud, FL 34772
City, State & Zip

407 891-0956, 407 973-7198
Daytime Telephone number

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: Christians Fellowshiping In Truth Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1000 Megan Lynn CT

→ STcloud, FL 34772

↳ Mailing Address:

PO BOX 700621
STcloud, FL 34770

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Prayer Ministry for Outreach

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The method of election of directors is as stated in the bylaws.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Sabrina Smith - Director
1000 Megan Lynn CT
STcloud, FL 34772

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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


Sabrina Smith
1000 Megan Lynn CT
STcloud, FL 34772

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sabrina Smith
1000 Megan Lynn CT
STcloud, FL 34772

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

9/10/05



Signature/Incorporator

Date

9/10/05

God Bless
you All!

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 SEP 12 AM 9:14