

NO7000008414

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Secy. of State
TALLAHASSEE, FLORIDA

07 AUG 27 PM 3:16

APPROVED
FILED

NO7-40431

B. McKnight AUG 27 2007

COVER LETTER

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

SUBJECT: THE TRUE VINE COMMUNITY ORGANIZATION 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: SHARON BAILEY
Name (Printed or typed)

261 LYNN ST
Address

OVIDO, FL. 32765
City, State & Zip

(407) 365-2982
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2007

SHARON BAILEY
261 LYNN STREET
OVIEDO, FL 32765

SUBJECT: THE TRUE VINE INC
Ref. Number: W07000040631

We have received your document for THE TRUE VINE INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please list a complete address for the agent.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Document Specialist
New Filing Section

Letter Number: 507A00050361

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

ARTICLE I NAME

The name of the corporation shall be:

THE TRUE VINE COMMUNITY ORGANIZATION INC.

ARTICLE II PRINCIPAL OFFICE

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

*261 LYNN STREET
DUIEDO, FL 32765*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*TO WORSHIP, CONDUCT RELIGIOUS PRACTICES,
AND OFFER OUR SERVICES TO THE COMMUNITY*

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

*DIRECTORS ARE ELECTED OR APPOINTED BY THE BOARD
SELECTION.*

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

*SHARON BAILEY
261 LYNN ST DUIEDO, FL 32765*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*BOBBY B. BAILEY
261 LYNN ST, DUIEDO, FL 32765*

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.

Sharon Bailey

Signature/Registered Agent

8-24-07

Date

Bobby Bailey

Signature/Incorporator

8-24-07

Date

APPROVED
FILED
07 AUG 27 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA