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COVER LETTER

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

SUBJECT: True Storehouse & Sowe A Seed Ministries Outreach Incorporated.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original a	and one(1) copy of the Art	icles 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: Ted Quinichette Williams

Name (Printed or typed)

P.O. Box 677231

Address

Orlando, Florida 32867

City, State & Zip

1-407-286-0408

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)

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

True Storehouse & Sowe A Seed Ministries Outreach Incorporated.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

2560 Lewis street Jacksonville, Florida 32204

Mailing address: P.O. Box 677231 Orlando, Florida 32867

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To educate the public on bible precept's and to help the homeless and recovering addict's rebuild and maintain there lives and seek and manage gainful employment!

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Shall be appointed by incorporator.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Ted Quinichette Williams 2560 Lewis Street Jacksonville, Florida 32204

Incorporator

Mailing address: P.O. Box 677231 Orlando, Florida 32867

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Teonna La'shea Williams 2560 Lewis Street Jacksonville,Florida 32204

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ted Quinichette Williams 2560 Lewis Street Jacksonville,Florida 32204 Mailing address:P.O. Box 677231 Orlando,Florida 32867

Having been named as registered agent to accept service of process for the in this certificate, I am familiar with and accept the appointment as register		
Janna Williams	04-18-2008	
Signature/Registered Agent	Date	
Led Zuinichette Williams	04-18-2008	
Signature/Incorporator	Date	

