

ND9000002375

(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:



300144818053

03/09/09--01041--007 **78.75

APPROVED
AND
FILED

09 MAR -9 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

[Handwritten signature]
3/10

I am trying to incorporate
a church. it doesn't exist
as of yet, but I want it
official, so I filled out the
forms. If I made a mistake please
call me 954-322-4193 and advise
me what I need to do. Also, I was told
you are going to issue me some # + I need
that to take to IRS - ? correct?

Thank

Tony Villan

COVER LETTER

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

SUBJECT: The Temple Of Abundant Life
(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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate
ADDITIONAL COPY REQUIRED	

FROM: Tony J. Villar
Name (Printed or typed)

265 SW Port St Lucie Blvd #158
Address

Port St Lucie, Fl 34984
City, State & Zip

954-323-4193
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:

The Temple Of Abundant Life *Inc*

ARTICLE II PRINCIPAL OFFICE

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

265 SW Port St Lucie Blvd.
Port St Lucie, Fl 34984

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Starting a church

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Appointed

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Tony J. Villar 265 SW Port St Lucie Blvd. Port St Lucie, Fl 34984, President

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

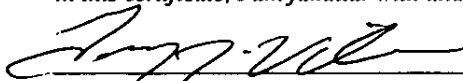
Tony Villar 265 SW Port St Lucie Blvd. Port St Lucie, Fl 34984

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tony Villar 265 SW Port St Lucie Blvd. Port St Lucie, Fl 34984

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

3-5-09

Date



Signature/Incorporator

3-5-09

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR -9 PM 2:12

APPROVED
AND
FILED