

NO9000009934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

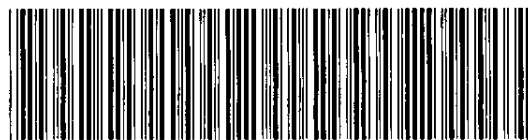
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09 OCT 13 PM 3:52
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
FILED
09 OCT 13 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 10/12/09

COVER LETTER

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

SUBJECT: TEMPLES INTERNATIONAL Church 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: Michael Goins
Name (Printed or typed)

2330 EASTMEADOWS CT
Address

LAKELAND FL. 33812
City, State & Zip

863-797-2958
Daytime Telephone number

GOINS2@TAMPABAY.FL.COM
E-mail address: (to be used for future annual report notification)

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:

TEMPLES INTERNATIONAL Church, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2330 EASTMEADOWS CT
LAKE LAND FL. 33812

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Ministry

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

AS STATED IN BY-LAWS

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

DIRECTOR: MICHAEL GOINS - 2330 EASTMEADOWS CT LKLD FL. 33812
IST DIRECTOR: SHONDA HARRIS - 2330 EASTMEADOWS CT LKLD FL. 33812
SECRETARY: SHARA GOINS - 2330 EASTMEADOWS CT LKLD FL. 33812
ADMINISTRATOR: MICHELLE HOLTON - 2330 EASTMEADOWS CT LKLD FL. 33812

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MICHAEL GOINS
2330 EASTMEADOWS CT,
LAKE LAND FL. 33812

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHAEL GOINS
2330 EASTMEADOWS CT.
LAKE LAND FL. 33812

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.

Michael A. Goins

Signature/Registered Agent

10/13/2009

Date

Michael A. Goins

Signature/Incorporator

10/13/2009

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA