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2010 NOV -8 P 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dec 11/15

COVER LETTER

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

SUBJECT: New Vision 24/7 Ministries 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: Guy Pollard

Name (Printed or typed)

PO Box 1651

Address

Lynn Haven, FL 32444

City, State & Zip

850-258-1103

3438 Tok ~~De Riba~~ Telephone number

gpollardpc@gmail.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: New Vision 24/7 Ministries Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3438 Token Road
Panama City, FL 32405

Mailing address, if different is:

PO Box 1651
Lynn Haven, FL 32444

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to establish a Ecclesia for the worship of Yahweh, ordain and send out sons and establish other ecclessias to promote the advancement of the kingdom of Yahweh throughout the earth.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Directors for this corporation will be appointed and will be provided for in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Guy Pollard
Address: PO Box 1651
Lynn Haven, FL 32444

Name and Title: _____
Address: _____

Name and Title: Greg Faulkenberry
Address: 2120 Andrews Rd
Lynn Haven FL 32444

Name and Title: _____
Address: _____

Name and Title: Herb Harrell
Address: 3787 Kisling Loop
Tyndal AFB FL 32403

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

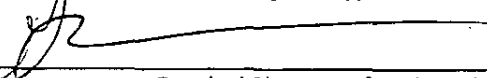
Name: Guy Pollard
Address: 3438 Token Road
Panama City, FL 32405

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Guy Pollard
Address: PO Box 1651
Lynn Haven FL 32444

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

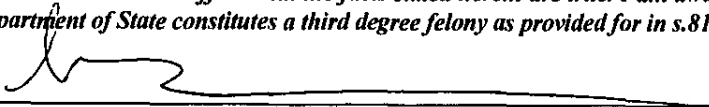


Required Signature of Registered Agent

11/4/2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

11/4/2010

Date