

N10000010749

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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10 NOV 17 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/17/10

COVER LETTER

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

SUBJECT: True Vine Of Holiness 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: Patricia Ann Arnold
Name (Printed or typed)

1700 Joe Louis St. Apt 124
Address

Tallahassee, Fla. 32304
City, State & Zip

850-212-2145
Daytime Telephone number

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be:

True Vine Holiness Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1231 West Tharpe St
Tallahassee, Fla 32304

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Church service

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

Pastor will elect directors

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title

Address:

Patricia Arnold - Director
1700 Joe Louis St - Apt 124
Tallahassee FL 32304

Name and Title

Address:

Clyde Swann Jr (Director)
1700 Joe Louis St - 124
Tallahassee, Fla 32304

Name and Title:

Address:

Natanya Galloway - Director
1231 W. Tharpe St
Tallahassee FL 32304

Name and Title:

Address:

Name and Title:

Address:

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:

Address:

Patricia Arnold
1700 Joe Louis St Apt 124
Tallahassee FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

Patricia Arnold
1700 Joe Louis St Ste 124
Tallahassee FL 32304

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Patricia Arnold

Required Signature of Registered Agent

11-17-10

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.

Patricia Arnold

Required Signature of Incorporator

11-17-10

Date