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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

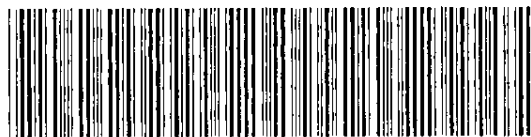
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11 JAN -4 AM 10:21

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

11 JAN -4 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Handwritten mark resembling a stylized 'E' or '3'.

## COVER LETTER

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

SUBJECT: Spirit Filled Ministries  
(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: Pastor A.L. Wilborn Jr.  
Name (Printed or typed)

49 Staghorn Trail  
Address

Havana FL 32333  
City, State & Zip

(850) 539-7542 - 345-6203  
Daytime Telephone number

Pastor Wilborn @ yahoo.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:

Spirit Filled Ministries Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

49 Staphorn Trail  
Havana, FL 32333

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to Evangelize, preach the Gospel of Jesus through out the world Church

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Appointed

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Pastor AL Wilborn  
Address:

49 Staphorn Trail  
Havana FL 32333

Name and Title: Elder Robert Thomas Jr.  
Address:

1519 W. Orange Ave  
Tallahassee, FL 32360

Name and Title: Min. Lashane Webster  
Address:

1519 W. Orange Ave  
Tallahassee, FL 32310

Name and Title:  
Address:

Name and Title: Taziah Wilborn  
Address:

55 Staphorn Trail  
Havana, FL 32333

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: Pastor AL Wilborn Jr.  
Address:

49 Staphorn Trail Havana, FL 32333

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: AL Wilborn Jr.  
Address:

49 Staphorn Trail Havana, FL 32333

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:

Pastor AL Wilborn Jr.  
Required Signature of Registered Agent

1-4-2011  
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.

Pastor AL Wilborn Jr.  
Required Signature of Incorporator

1-4-2011  
Date

FILED  
11 JAN -4 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA