

**N 11 000001247**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

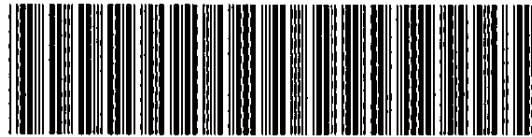
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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11 FEB -7 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. B. BROWN FEB 07 2011

COVER LETTER

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

SUBJECT: Cry Loud For Jesus 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: Elouise Wright  
Name (Printed or typed)

9832 Wadesboro Rd.  
Address

Tallahassee, FL 32317  
City, State & Zip

850 284-3050  
Daytime Telephone number

FILED  
11 FEB -7 PM 2:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

*Cly Round for Jesus Inc.*

**ARTICLE II PRINCIPAL OFFICE**

*9832 Wadesboro Rd*  
*Tallahassee FL 32317*

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*To teach and help people in the community.*

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

*Vote*

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

Name and Title:

Address:

Title:

Address:

*President*  
Name and Title: *Elouise Wright*  
Address: *9832 Wadesboro Rd*  
*Tallahassee, FL 32317*

*V. Pres*  
Name and Title: *Henry Banks*  
Address: *9832 Wadesboro Rd*  
*Tallahassee, FL 32317*

*Treasurer*  
Name and Title: *Joyce Banks*  
Address: *9832 Wadesboro Rd*  
*Tallahassee, FL 32317*

*Secy*  
Name and Title: *Lolette Austin*  
Address: *9832 Wadesboro Rd*  
*Tallahassee, FL 32317*

**ARTICLE VI REGISTERED AGENT**

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

Name:

Address:

*Elouise Wright*  
*9832 Wadesboro Rd*  
*Tallahassee, FL 32317*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Address:

*Elouise Wright*  
*9832 Wadesboro Rd*  
*Tallahassee, FL 32317*

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

*Elouise Wright*

Required Signature of Registered Agent

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.

*Elouise Wright*

Required Signature of Incorporator

Date

**FILED**  
**11 FEB -7 PM 2:47**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA