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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

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

SUBJECT: CRACE Christian (PROPOSED CORPORA)	Fellowship Hinstnes I		
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for:			
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED		
FROM: Cliffond Lee Bringon Name (Printed or typed) 1181 W. Clark St Address			
Quincy Ha. 32351 City, State & Zip 850 - 875 - 1949 OR 850 - 530 - 3401 Daytime Telephone number			
E mail address; (to be used	for future annual report polification)		

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: Grace Christian ARTICLE II PRINCIPAL OFFICE Mailing address, if different is: Principal street address w. Clark St guinay 2/1 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: The manner in which the directors are elected and appointed: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Innic Address: Secretary)
CFO Name and Title: Name and Title: Address: Address: Name and Title: Idn Name and Title: Address: Address: ARTICLE VI REGISTERED AGENT The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:

Name:

Description

Name: **Description**

Name: **Description**

Name: **Description**

Notation**

Notation** Address: ARTICLE VII INCORPORATOR The <u>name and address</u> of the Incorporator is: Name: Address: winey 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 acce<u>pt</u> the appointment as registered agent and agree to act in this capacity Required Signature of Registered Agent 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