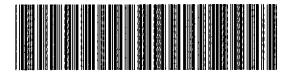
N12000004554

| (Requestor's Name) | | | | |
|------------------------------------------------------------------------------------------------------------|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: ROSALIO SIMPSOT GAVE AUTHORIZATION BY PHONE TO CORRECT DIRECTOR | | | | |
| DATE 5/7/12 DOC. EXAM PENIGO FORM | | | | |
| | | | | |



900234276869

05/02/12--01028--001 **78.75

12 HAY -2 AH 7: 50

5/7



COVER LETTER

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

\$70.00

Filing Fee

SUBJECT: First Yahudin Messianic Temple Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

\$78.75

Status

Filing Fee &

Certificate of

\$78.75

Filing Fee

& Certified Copy

\$87.50

ADDITIONAL COPY REQUIRED

Filing Fee, Certified Copy

& Certificate

| <u> </u> |
|-------------------------------------------------------------------|
| Pogolio N. simpson |
| FROM: Rogelio N simpson Name (Printed or typed) |
| 105 Persimmon trl |
| Address |
| Lake Placid Florida 33852 City, State & Zip |
| 863 465-2474 |
| 105 Persitaring (Pelephone number |
| Rogs926@aol.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)

| The name of the corporation shall be: First Yahudin Messianic Temple Inc | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------|----------------------------------------------------|--|--|
| ARTICLE II | PRINCIPAL OFFICE | | | | |
| | Principal street address | | Mailing address, if different is: | | |
| | 105 Persimmon trl | | | | |
| | Lake, Placid. FL. 33852 | | | | |
| ARTICLE III | PURPOSE | | | | |
| | which the corporation is organized is: | | | | |
| Preach Yahshua | a (Jesus) GOSPEL AND TO ASSIST PEOPLI | E WITH PHISIC | AL. SPIRITUAL. AND ECONOMIC | | |
| | HIS IS A NON PROFIT INCORPORATION IS | | | | |
| | | | NING OF SETION 501(c) (3) OF THE I.R.S | | |
| CODE OR COR | RESPONDING PROVISSIONS OF ANY FUT | TURE U.S I.R.S | SLAWS. | | |
| A DATECT TO THE | MANUAR OF STRONGSTON | -1-1-1- 41 11 | described andbands | | |
| ARTICLE IV | MANNER OF ELECTION The manner in | | s are elected and appointed: | | |
| AS PRO | OVIDE FOR IN TH BYL | AWS. | | | |
| ARTICLE V | INITIAL OFFICERS AND/OR DIRECTO | | | | |
| Name and T | itle:Rogelio N Simpson (President) | | :Tania Medina (Treasurer) | | |
| Address: | 105 Persimmon Trl | _ Address: | 105 Persimmon Trail | | |
| | Lake Placid, Fl . 33852 | - | Lake Placid FL. 33852 | | |
| | · · · · · · · · · · · · · · · · · · · | - | | | |
| Name and T | itle:Maria E Simpson (Vice President) | Name and Title | . . | | |
| Address: | 105 Persimmon Td | | - | | |
| | Lake Placid, Fl. 33852 | _ | | | |
| | | - | | | |
| . . 120 | 24 | 3.7 3.7751.3 | | | |
| Name and To Address: | الو: itte: ي | _ Name and Title Address: | : | | |
| Address. | ī ———————————————————————————————————— | _ Address. | · · · · · · · · · · · · · · · · · · · | | |
| | | - | | | |
| | | - | | | |
| ARTICLE VI | <u>REGISTERED AGENT</u> | | | | |
| | orida street address (P.O. Box NOT acceptable) of | the registered age | nt is: | | |
| Name: Address: | Rogelio N Simpson 105 Persimmon Trail | - | 7 5 | | |
| Addiess. | Lake Placid, FL. 33852 | - | | | |
| | Lake Flaciu, I L. 33032 | - | med the state of the | | |
| | | - | | | |
| ARTICLE VII | INCORPORATOR | | | | |
| | dress of the Incorporator is: | | | | |
| Name: | Rogelio N Simpson | - | | | |
| Address: | 105 Persimmon Trail Lake Placid, FL, 33852 | - | ပ် မြို့ | | |
| | Lake Flaciu, I.L. 55052 | - | | | |
| | | - | *** | | |
| | | | stated corporation at the place designated in this | | |
| certificate, I am fa | miliar with and accept the appointment as register | ed agent and agre | re to act in this capacity | | |
| | 0. 1.11 | | 4 1100 0040 | | |
| | Horse 11/ Suntito | | April 30, 2012 | | |
| | 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 provide | ed for in s.817.15: | 5, F.S. | | |
| , | Mark the the | | -1.1/ - 2012 | | |
| | DODU SI Suntil | | Afric 30, 2012 | | |
| / | / / Decripted Claudin left In domestical | | / Data | | |