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Florida Department of State

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3239628300 From: Janet Leisinge

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COVER LETTER

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

VFN Torch, Inc.

	(PROPOSED CORPORA	TE NAME – <u>MUST INCLU</u>	DE SUFFIX)
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Glendale, CA 91210
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323.962.8600 x 7625
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DIVISION GE GORPORATION
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13 JUL -3 PM 4: 22

13239628300 From: Janet Leisinger

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

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H130000 \$5002 3	RY OF STATE
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	IAME oration shall be: VFN Torch, Inc.		13 JUL -3 PM 1
ARTICLE II F	PRINCIPAL OFFICE		
	Principal street address		Mailing address, if different is:
	2245 CRICKET RIDGE DR.		
	CANTONMENT, FLORIDA 32533	<u></u> ·-	
ARTICLE III	PURPOSE	*****	
· ·	ch the corporation is organized is:		
	-	and giving a Bibli	cal perspective to the daily events of life.
ARTICLE IV	MANNER OF ELECTION The manner	n which the director	s are elected and appointed:
	which the directors of the corporation are		• *
_	•		су та разадав, и парт увата.
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT e: Grag Lancaster, President, Director		PAT HAMILTON, Secretary, Director
Name and the Address:	2245 CRICKET RIDGE DR.	Name and the	2245 CRICKET RIDGE DR
Addiess:	CANTONMENT, FLORIDA 32533	Addituss:	CANTONMENT, FLORIDA 32533
	OAKTONIKINI, I EGKIDA SEGG		
Name and Titl	e: PAT HAMILTON, Treasurer	Name and Title	JOHN RAMOS, DIRECTOR
Address:	2245 CRICKET RIDGE DR.	Äddress:	2245 CRICKET RIDGE DR.
	CANTONMENT, FLORIDA 32533		CANTONMENT, FLORIDA 32533
Name and Titl	a	Name and Title	<u> </u>
Address:	×	Address:	** ***********************************
Company of Access to the		 ·	
	REGISTERED AGENT		
	da street address (P.O. Box NOT acceptable)		ent is:
Name:	VINE FELLOWSHIP NETWORK, INC	2_	
Address.	2245 CRICKET RIDGE DR.		
	CANTONMENT, FLORIDA 32533		
ARTICLE VII	INCORPORATOR		
	ess of the Incorporator is:		
Name:	Janet Leisinger, Legalzoom.com, Inc	<u>. </u>	
Address:	101 N. Brand Blvd., 11th Floor		
	Glendale, CA 91203		
Ifmiles been seen		 Janes Carlotti ittimat	
certificate Law fam	i as registered agent to accept service of pri iliar with and accept the appointment as regis	rcess for the above	stated corporation at the place designated in this
conficunt i majan	2	na ca agean ana agri	to no nes ar mas capacity:
	Pat Amelia		6/18/13
	Required Signature of Registered Agent PAT HAMILTON		Date
			hat any false information submitted in a document is. F.S.
#11-11-11-11-11-11-11-11-11-11-11-11-11-	Omit to		7/3/2013
	Required Signature of Incorporat	OT.	Date