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(Address)

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## COVER LETTER

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

SUBJECT: **Helios Church, 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: **Steven Gagne**

Name (Printed or typed)

**1015 B Sable Dr.**

Address

**Pensacola, FL 32514**

City, State & Zip

**850-748-0569**

Daytime Telephone number

**info@helioschurch.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: Helios Church, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:  
1015 B Sable Dr

Pensacola, Fl 32514

Mailing address, if different is:

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Helios Church exists for the purpose of  
connecting and reconnecting people to Jesus Christ by bringing  
healing, restoration and hope to a community and culture through  
authentic relationships, spirit-filled lives and relevant faith.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: As provided for  
in the Bylaws.

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

Name and Title: Steven Gagne, President

Address: 1015 B Sable Dr.  
Pensacola, FL 32514

Name and Title: Kyle Winkler, Treasurer

Address: 7111 N Blue Angel Pkwy  
Pensacola, FL 32526

Name and Title: Thomas Moore, Vice President

Address: 4792 Hwy 90  
Marianna, FL 32446

Name and Title: J. B. Shoumaker, Secretary

Address: 2920 W. Michigan Ave  
Pensacola, FL 32526

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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OCT 31 AM 11:19

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Steven Gagne

Address: 1015 B Sable Dr.

Pensacola, FL 32514

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

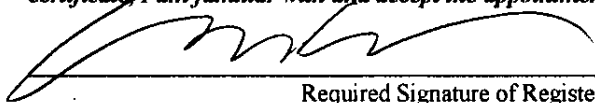
Name: Steven Gagne

Address: 1015 B Sable Dr.

Pensacola, FI 32514

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13 OCT 31 AM 11:19

*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*



Required Signature of Registered Agent

9/24/2013

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.*



Required Signature of Incorporator

9/24/2013

Date