

M/300009926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

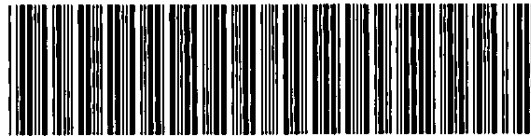
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 NOV -4 AM 10:58
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SUFFICIENCY OF FILING

13 NOV -4 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: Kingdom Life Vision Ministries, 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: Kingdom Life Vision Ministries 1
Name (Printed or typed)

1938 S Adams St.
Address

Tallahassee Fl. 32301
City, State & Zip

850-345-1628
Daytime Telephone number

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: Kingdom Life Vision Ministries Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1938 S Adams St
Tallahassee FL 32301

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Religious purpose

13 NOV - 4 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

President Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DR. J. C. Murray Sr. Name and Title: President

Address: 1938 S Adams St Address: _____
Tallahassee FL
32301

Name and Title: _____ Name and Title: Vice President

Address: Nikola Murray Address: 1938 S Adams St.
1938 S Adams St
Tallahassee FL 32301

Name and Title: Catania Bryant Name and Title: Secretary

Address: 1238 Young St. Address: _____
Tallahassee FL 32301

Name and Title: Terrence Robinson Name and Title: Corp D

Address: 128 B Young St Address: _____
Tallahassee Fl. 32301 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Dr. J.C. Munay Jr
Address: 1938 S Adams St
Tallahassee Fl. 32301

Affected Date:
Jan 1st 2014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. J.C. Munay Jr
Address: 1938 S Adams St
Tallahassee Fl 32301

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

Dr. J.C. Munay Jr
Required Signature of Registered Agent

11-04-13
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.

Dr. J.C. Munay Jr
Required Signature of Incorporator

11-04-13
Date