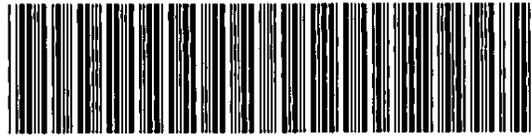


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(Requestor's Name)

(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:

Office Use Only

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2013 NOV -4 AM 10:58  
NOT RECORDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

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

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

850-345-1629  
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 Mailing address, if different is: Same  
Tallahassee Fl. 32301

**ARTICLE III PURPOSE**

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

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

**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: Catrina Bergout 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 Sr  
Address: 1938 S Adams St  
Tallahassee Fl. 32301

Affected Date:  
Jan 14 2014

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Dr. J.C. Munay Sr  
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 Sr  
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 Sr  
Required Signature of Incorporator

11-04-13  
Date