N13000010458

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | ldress) | |
| (Ac | ldress) | |
| (Cit | ty/State/Zip/Phone | :#) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| · (Do | ocument Number) | |
| Certified Copies | · | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| W13- | 61398 | , |



100252906921

11/04/13--01017--005 **87.50

SECRETARY OF STATE STORE OF CORPORATION STORES

Office Use Only

COVER LETTER

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

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

\$87.50

Filing Fee & Certified Copy

Filing Fee,

Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

Tdsministries Otampabay. Cr. Com E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 5, 2013

TROY SHIVELY 1012 CARRIAGE PARK DR. VALRICO, FL 33594

SUBJECT: CULTURE CHURCH INC.

Ref. Number: W13000061398

We have received your document for CULTURE CHURCH INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 413A00025735

ARTICLES OF INCORPORATION

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

SECRETARY OF STATE DIVISION OF CORPORATION

| The name of the corporation shall be: Culture Church In Gars Nov 18 PH 4: 52 |
|---|
| ARTICLE II PRINCIPAL OFFICE |
| Principal street address: 1012 Carriage Park Dr Valrico, FL 33594 tdsministries @tampabay. 17. cor |
| |
| The purpose for which the corporation is organized is: To establish a church that |
| ministers to people in Valrico and surrounding |
| area. |
| |
| |
| |
| |
| appointed by Lead Pastor/President |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS |
| President/ VICE PRESIDENT Name and Title: Lead Pastor Troy Shively me and Title: PASCAL PASTORIUS |
| Address 1912 Carriage Park Address: 4028 VALRICO Grove DR. |
| Valrico, FL VALAICO FL- |
| 33594 33594 |
| Name and Title: Carol Ann Shively Treasure Tsecretary |
| Address 1012 Carriage Car Kakiress: |
| Valrico, FL 33594 |
| \cdot |
| Name and Title: |
| Name and Title: |

| 1 | | | • |
|-------------------|---|---|---|
| Name and Title; | · · · · · · · · · · · · · · · · · · · | Name and Title: | SECRETARY OF STATE DIVISION OF CORPORATOR |
| Address _ | | Address: | 2013 NOV 18 PM 4: 5 |
| | | Name and Title: | |
| Address | | Address: | |
| ARTICLE VII | INCORPORATOR | agetark Dr | |
| | Idress of the Incorporator is: Troy Sh 1012 Carr | ively Bank I | > |
| Having been nad | med as registered agent to accep | ointment as registered agent and agree | ated corporation at the place designate e to act in this capacity |
| I submit this doc | ment and affirm that the facts s a of State constitutes a third degi | stated herein are true. I am aware tha ree felony as provided for in s.817.155 | t any false information submitted in a d i, F.S. 10 - 29 - 7 Date |