

N13000011002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

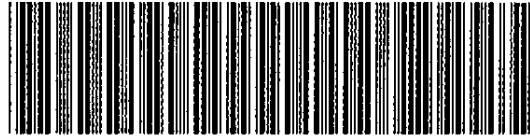
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2013

BONNIE L RICHARDSON & ASSOCIATE LLC
13800 S MAGNOLIA AVENUE
OCALA, FL 34473

SUBJECT: BL RICHARDSON & ASSOCIATE, INC
Ref. Number: W13000047539

We have received your document for BL RICHARDSON & ASSOCIATE, 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 registered agent must have a Florida street address. A post office box is not acceptable.

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return 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.

Pamela Smith
Regulatory Specialist II

Letter Number: 013A00020283

B L RICHARDSON & ASSOCIATE, LLC

13800 S. Magnolia Avenue

OCALA, FLORIDA 34473

Mobile # (352)-875-6728 - Fax # (352) 245-5030

December 4, 2013


**Department of State
Division of Incorporations
P.O. Box 6327
Tallahassee, Fl. 32314**

Attn: Pamela Smith

Filing was rejected under BL Richardson & Associate Inc. It seems I filed the application using the PO Box number. I would like to use the payment toward the filing fee of this new incorporation. "True Vine Abundant Life Ministries Inc."

I am unable to put my hands on the rejection letter. The W number is W13000047539. Please apply the payment to the attached new Incorporation named above. I can be reached at 352-875-6728 if you have any questions. Thanks.

Sincerely


Bonnie L Richardson

Serving you is a pleasure!

COVER LETTER

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

SUBJECT: True Vine Abundant Life 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: BL Richardson & Assoc. LLC
Name (Printed or typed)

13800 S. Magnolia Avenue
Address

Ocala, Florida 34473
City, State & Zip

352-875-6728
Daytime Telephone number

bonnjo@embarqmail.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:

True Vine Abundant Life Ministries, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

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13800 S. Magnolia Avenue

Ocala, Florida 34473

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Mission of this ministry is to minister to

the spiritual, intellectual, emotional, physical and environmental need of
all people by teaching and spreading the gospel of Jesus Christ through
word and deed.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The Directors are

elected & appointed by the incorporator(s),(named Board of Incorporators) by majority vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James H. Simon, Founder, Pres/ Dir

Name and Title: Kathleen Williams, Vice Pres/Dir

Address: 13800 S. Magnolia Avenue
Ocala, Florida 34473-8618

Address: 16057 Tampa Palms Blvd West
#219, Tampa, Florida 33647

Name and Title: Donna Thomas, Secretary / Dir

Name and Title: Bonnie Richardson-Simon, Treas / Dir

Address: Post Office Box 1371
Bellevue, Florida 34421

Address: 13800 S. Magnolia Avenue
Ocala, Florida 34473-8618

Name and Title: Rev Lefreida Manning, Director

Name and Title: Eugene R. Clarke, Director

Address: 2701 West Water Ave. # 301
Tampa, Florida 33614

Address: 13790 S. Magnolia Avenue
Ocala, Florida 34473-8618

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 DEC 10 PM 11

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: Bonnie L. Richardson-Simon

Address: 13800 S. Magnolia Avenue

Ocala, Florida 34473

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rev. James H. Simon

Address: 13800 S. Magnolia Avenue

Ocala, Florida 34473

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

Bonnie L. Richardson-Simon
Required Signature of Registered Agent

12-04-2013
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.

Rev. James H. Simon
Required Signature of Incorporator

12-04-2013
Date