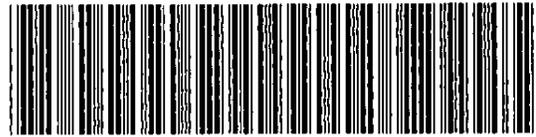


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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**COVER LETTER**

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

SUBJECT: Temple of Judah Revival Center, 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: Michael Goins  
Name (Printed or typed)

3633 Amber Lane  
Address

Lakeland FL 33813  
City, State & Zip

863-934-4867  
Daytime Telephone number

michaelgoins53@yahoo.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: Temple of Judah Revival center, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address: 3632 US HWY 92 E. Mailing address, if different is: \_\_\_\_\_  
LAKELAND FLORIDA \_\_\_\_\_  
33803 \_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: OUTREACH MINISTRY,  
TO WIN SOUL TO GOD, REACHING THE  
LOST AND GIVE THEM HOPE FOR LIFE.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: PRESIDENT  
AND DIRECTOR APPOINTED

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

Name and Title:	<u>DIRECTOR</u> <u>MICHAEL GOINS</u>	Name and Title:	<u>ISST.</u> <u>DIRECTOR SHONDA HARRIS</u>
Address:	<u>3633 AMBER LANE</u> <u>LAKELAND FL.</u> <u>33813</u>	Address:	<u>3632 US HWY 92 E.</u> <u>LAKELAND FL.</u> <u>33803</u>

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

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

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

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

14 MAR 18 AM 11:31  
MICHAEL GOINS

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

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

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

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: Michael Goins  
Address: 3632 US HWY 92. E.  
LAKELAND FL. 33803

APPROVED  
MAR 18 2014  
14 MAR 18 AM 11:31

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael Goins  
Address: 3632 US HWY 92. E.  
LAKELAND FL. 33803

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

Michael A. Goins  
Required Signature of Registered Agent

3-18-14  
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.

Michael A. Goins  
Required Signature of Incorporator

3-18-14  
Date