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TALLAHASSEE FLORIDA

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## COVER LETTER

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

SUBJECT: Kingdom of Integrity 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: Vanessa Wright  
Name (Printed or typed)

2051 S.E. Hillmoor Dr. Apt. 30  
Address

Port St. Lucie Fl. 34952  
City, State & Zip

772-267-1997  
Daytime Telephone number

Kingdom of integrity@gmail.com  
E-mail address: (to be used for future annual report notification)

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

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**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 of Integrity Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

2195 S.E. Airoso Blvd.

Room F.

Port St. Lucie Fl. 34984

Mailing address, if different is:

P.O. Box 7116

Port Saint Lucie

Florida 34985-7116

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To Help and assist  
others in the community spiritually,  
and being a outreach to others weekly.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: By President  
Pastor Vanessa Wright

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

Name and Title: Vanessa Wright <sup>President</sup>

Address: 2051 S.E. Hillmoor Dr.

Apt. 302

Port Saint Lucie Fl. 34952

Name and Title: Roslyn Thomas <sup>Vice President</sup>

Address: 1801 N.W. 7th Terr.

Pompano Beach Fl.

33060

Name and Title: Vanisha Robinson <sup>Secretary</sup>

Address: 5738 Jigsaw Ln

Port Saint Lucie

Florida 34986

Name and Title: Katherine Sims <sup>Assistant Secretary</sup>

Address: 5809 N.W.

Gilisepe Rd

Port Saint Lucie Fl. 34986

Name and Title: Rosa Johnson <sup>Treasurer</sup>

Address: 5738 Jigsaw Ln

Port Saint Lucie

Florida 34986

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

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

\_\_\_\_\_

\_\_\_\_\_

SECRETARY OF STATE  
ALABAMA  
FLORIDA

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FILED

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

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

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

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

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\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Vanessa Wright

Address: 2051 S.E. Hillmoor Dr. Apt. 302  
Port Saint Lucie Fl. 34952

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Vanessa Wright

Address: 2051 S.E. Hillmoor Dr. Apt. 302  
Port Saint Lucie Fl. 34952

*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*

Vanessa Wright  
Required Signature of Registered Agent

11/16/14  
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.*

Vanessa Wright  
Required Signature of Incorporator

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