

N14000005549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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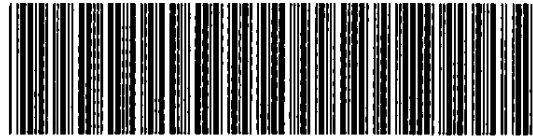
(Business Entity Name)

(Document Number)

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14 JUN 11 PM 4:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: **TRIUNE TRAVEL SERVICES, 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: **DEMETRIUS CRANE**
Name (Printed or typed)

P.O. BOX 536872
Address

ORLANDO, FL 32853
City, State & Zip

407-552-9717
Daytime Telephone number

INFO@SOLDOUT2CHRIST.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: TRIUNE TRAVEL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

521 CAROLINA AVENUE

WINTER PARK, FL 32789

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SEE ATTACHMENT.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

AS PROVIDED FOR IN THE BYLAWS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GLORIA J. MCDONALD, PRESIDENT

Address: 521 CAROLINA AVE
WINTER PARK, FL 32789

Name and Title: REGINA JOHNSON, DIRECTOR

Address: 10077 SPRING SINK ROAD
TALLAHASSEE, FL 32805

Name and Title: ROBERT BUTLER, SR., VP

Address: 521 CAROLINA AVE
WINTER PARK, FL 32789

Name and Title: TANGALA WILSON, DIRECTOR

Address: 1800 HAGEN ROAD
ST. CLOUD, FL 32836

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUN 11 PM 4:25

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

14 JUN 11 PM 4:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: SOLDOUT2CHRIST INC.

Address: 4898 STONE ACRES CIRCLE

ST. CLOUD, FL 34771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SOLDOUT2CHRIST INC.

Address: 4898 STONE ACRES CIRCLE

ST. CLOUD, FL 34771

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


Required Signature of Registered Agent

6/9/14
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.


Required Signature of Incorporator

6/9/14
Date

TRIUNE TRAVEL SERVICES, INC.

PURPOSE:

This corporation is organized exclusively for charitable purposes as specified in Section 501(c)(3) of the Internal Revenue Code, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

This corporation will not attempt to influence legislation as a substantial part of its activities and will not participate at all in campaign for or against political candidates.

In addition, none of the earnings of the corporation will inure to any private shareholder or individual, except for reasonable compensation for services rendered.

If the corporation dissolves, its assets must be distributed for an exempt purpose within the meaning of Section 501(c)(3) of the Internal Revenue Code.