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(Re	equestor's Name)	
(Ac	ldress)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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COVER-LETTER

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

SUBJECT: Glory Dome, 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: Yvette Wilder

Name (Printed or typed)

5518 W Atlantic Ave, #210

Address

Delray Beach, FL 33484

City, State & Zip

561-670-0224

Daytime Telephone number

yvettewilder@comcast.net

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 No.	ME Glory Dome,	Inc.	14 0C7 16	FN
	RINCIPAL OFFICE		14 OCT 16	Out Control
	ncipal <u>street</u> address: Atlantic Avenue, Unit 210		Mailing address, if different is	2:04
Delray	Beach, FL 33484			~ ON (D, e)
ARTICLE III P	URPOSE			
The purpose for which			places of worship, conduct the work of ense ministers of the	
oversee ther	n, and to engage in ac	tivities whi	ch are necessary, su	itable or
convenient for	or the accomplishment	t of that pur	rpose, or which are in	ncidental
thereto or co	nnected therewith whi	ch are cons	sistent with Section 5	501(c)(3) of
the Internal R	evenue Code. This cor	poration is	organized and operate	ed exclusively
for religious p	urposes within the mean	ing of Section	on 501(c)(3), Internal R	evenue Code.
ARTICLE IV M	ANNER OF ELECTION The ma	anner in which the	directors are elected and appointed:	Board members
	members' term renewal, and/or nomi		• •	vote.
ARTICLE V I	NITIAL OFFICERS AND/OR DI	RECTORS		
Name and Title: YV6	ette L Wilder, President	Name and Title:		
	8 W Atlantic Ave	Address:		
Uni	t 210			
Del	ray Beach FL 33484			<u> </u>
Name and Title: Key	vin Morris, Treasurer	Name and Title:		
Address 904	2 E Highland Pines Dr	Address:		
Pain	n Beach Gardens, FL 33418	_		
Mo	line Joseph, Secretary			
647	Executive Center Dr	_	.	
11441033	EXCOUNTS OFFICE DI	Address: _		
7101	. S202		•	

Name and Title:_	Name and Titl	C1
Address	Address:	***************************************
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_	1 - 1994 Million State of the contract of the	
Name and Title:_	Name and Title	e:
Address	Address:	
	·	
ARTICLE VI The name and Flo	REGISTERED AGENT prida street address (P.O. Box NOT acceptable) of the reg	istered agent is:
Name:	Yvette Wilder	
Address:	5518 W Atlantic Ave, Unit 210	
	Delray Beach, FL 33484	
ARTICLE VII	INCORPORATOR	
The <u>name and ad</u>	dress of the Incorporator is:	
Name:	Yvette Wilder	
Address:	5518 W Atlantic Ave, Unit 210	
	Delray Beach, FL 33484	
certificate, I am fa	amiliar with and accept the appointment as registered agei	he above stated corporation at the place designated in this nt and agree to act in this capacity
Mes	te Dilder	10-14-14
	Required Signature of Registered Agent	Date
I submit this docu to the Department	ment and affirm that the facts stated herein are true. I an t of State constitutes a third degree felony as provided for i	n aware that any false information submitted in a document in s.817.155, F.S.
Mutte	Silder Required Signature of Incomparator	10-14-14
- Comme	Required Signature of Incorporator	Date