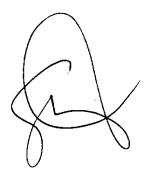
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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(Do	cument Number) Certificates	s of Status
Special Instructions to Filing Officer:		

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SECHEMARN HISTATE TALLAHASSEE FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 15, 2014

ALLIE M. MOBLEY 5730 SW 19TH STREET WEST PARK, FL 33023

SUBJECT: TRIUMPH THE CHURCH AND KINGDOM OF GOD IN

CHRIST/WEST PARK

Ref. Number: W14000056121

We have received your document for TRIUMPH THE CHURCH AND KINGDOM OF GOD IN CHRIST/WEST PARK 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 name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please return the corrected original and one copy of 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.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 414A00019656

COVER LETTER

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

	(PROPOSED CORPORA	TE NAME – <u>MUST INCLU</u> I	DE SUFFIX)
\$70.00	\$78.75	ticles of Incorporation and	\$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate

FROM: Allie IM. Mobley

Name (Printed or typed)

5730 SW 19th Street

Address

West Park, FL 33023

City, State & Zip

954-967-6658

Daytime Telephone number

Hemobe Gahoo 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)

4 10 400	* *********				
ARTICLE II	PRINCIPAL OFFICE				
Principal street address: 4270 Pembroke Road		37	Mailing address, if different is: 3771 NW 8th Court		
We	est Park, FL 33023	Ft	. Lauderdale, FL 33311		
	or which the corporation is organized is:		anized exclusively for charitable, religious, s to organization that quality as tax exem		
under section	501(c)(3) of the Internal Revenue Code,	, or the corresponding	section of any future federal tax code. To	strengthen the	
faith of believe	ers, exalt Christ in worship, educate bel	lievers toward spiritua	I maturity and salvation, and gifts of the	spirit. We serve	
the communi	ity spiritually as they are welcome to jo	oin the church to lear	n more about the Lord and about them	selves.	
ARTICLE IV The manner in ARTICLE II Name and Title	which the Directors are elected or appoint INITIAL OFFICERS AND/OR Freddie Gallon/ Shepherd	ted is at annual meeting		TO PH 3	
The manner in	which the Directors are elected or appoint INITIAL OFFICERS AND/OR Eroddio Collon/ Shaphord	ted is at annual meeting	gs, and elected by tithe paying church body. Tammie, lordan/Shepherd Mother.	5	

Name and Title:	Name and Title:
•	Address:
Name and Title:	Name and Title:
	Address:
_	
ARTICLE VI The <u>name and Flo</u>	REGISTERED AGENT Orida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	Allie M. Mobley
Address:	5730 SW 19th Street
	West Park, FL 33023
ARTICLE VII	INCORPORATOR
The <u>name and add</u>	dress of the Incorporator is:
Name:	Sophia Howard
Address:	9551 Ashley Drive
•	Miramar, FL 33025
Having been nam certificate, Lam fa	ned as registered agent to accept service of process for the above stated corporation at the place designated in this smillar with and accept the appointment as registered agent and agree to act in this capacity
alind	Required Signature of Registered Agent Date
I submit this docur to the Department	ment and affirm that the facts stated herein are true. I am aware that any false information submitted in a document of State constitutes a third degree felony as provided for in s.817.155, F.S.
Lopus	Required Signature of Incorporator 1 4 4 Date

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Name and Title:		Name and Title:
Address		Address:
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Name and Title:	<u> </u>	Name and Title:
Address		Address:
_		
 -		
ARTICLE VI	REGISTERED AGENT	
The name and Flo	rida street address (P.O. Box NOT accept	ptable) of the registered agent is:
Name:	Allie M Mobley	
Address:	5730 SW 19th Street	
	West Park, Fl 33023	
ARTICLE VII	INCORPORATOR	
	Iress of the Incorporator is:	
Name:	Sophia Howard	
Address:	9551 Ashley Drive	
	Miramar, FL33025	
	miliar with and accept the appointment a	of process for the above stated corporation at the place designated in this is registered agent and agree to act in this capacity
- (Illii)	n Sprotituy	7/14/14
	Required Signature of Registered	
	nent and affirm that the Jacts stated here of State constitutes A third degree felony	in are true. I am aware that any false information submitted in a document as provided for in s.817.155, F.S.
Laphia	touland	8/25/14
	Required Signature of Incor	porator Date