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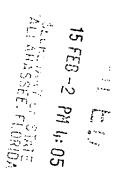
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Certified Copies	Certified Copies Certificates of Status			
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Special Instructions to	Filing Officer:			
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Office Use Only



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COVER LETTER

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

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 &

Status

Certificate of

\$78.75 Filing Fee \$87.50

& Certified Copy

Filing Fee, **Certified Copy**

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Brian Tascarella
Name (Printed or typed)

6025 Shore Blvd. South, #212
Address

612-201-7632 Daytime Telephone number

bndtasca@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)

The name of	of the corporation shall be: Victory Fellowship	of Southern Florida Inc.
ARTICLE	1	,
•	Principal street address:	Mailing address, if different is:
	6025 Shore Blvd. South, #212	
_(Zulfport, FL 33707	\$\partial \partial \part
ARTICLE	FIII PURPOSE	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
The purpos	e for which the corporation is organized is: To glorify	rod, "Id to minister to all individuals -
	soul and body, (ie, through teaching, and	
minis+	ries.) No part of the net earning	s of the organization shall
	to the benefit of or be distrib	
of fic	ers or otherwise private per	sons, except that the organization
shall b	se authorized ad empowered to pay re	easonable compensation for services
render Substa ARTICLE	ed 9 distributions to further the funtial part of the organizations activ	ities shall be polifical or legislative in natur
	ectors are elected/appointed	_
ARTICLE	V INITIAL OFFICERS AND/OR DIRECTORS	
Name and	Fille: Brian Tascarella, President Name and Title	e:
Address	6025 Shore Blvd S. #212 Address:	
	Gulfport, FL 33707	
Name and T		:
Address	Vice President/Secretary 6025 Shore Blvd, S, #212 Address:	
	Gulfport, FL 33707	
Name and T	11/2 TO 1 T.	***************************************
Address	16++3 Jonquil Irail Address:	· · · · · · · · · · · · · · · · · · ·
	Lakeville, MN 55044	

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		(A)	2
	prida street address (P.O. Box NOT acce	eptable) of the registered agent is:		
Name:	Brian Tascarella		25.5 25.5 25.5 25.5 25.5 25.5 25.5 25.5	f: ()
Address:	6025 Shore Blvd. Sou	1h. #212		5
	Gufport, FL 33707	 		
ARTICLE VII The name and ad	INCORPORATOR dress of the Incorporator is:			
Name:	Brian Tascarella Do 6025 Shore Blvd South	mita Tascarella		
Address:	6025 Shore Blvd South	1#212		
	Guffport FL 33707		•	
	,			
	ned as registered agent to accept service amiliar with and accept the appointment t			ated in this
Brian	Arma Ol		1/28/15	
2 .	Required Signature of Registered	i Agent	Date	-
I submit this docu	Tascarella ment and affirm that the facts stated here	ein are true. I am aware that any false in	formation submitted in a	i document
o ine Departmen	of state constitutes a third degree fetony	as proviaea for in s.81 /.155, r.s.	1	
priar	Accarella Required Signature of Income	montor	1/28/15	_
	Tascarella	porator	Date	
Donite	Tascarella 1/28/	1,5		