## M500006650

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## **COVER LETTER**

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

SUBJECT: \_\_\_\_\_\_\_\_\_OUT LINGS TOC.

(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

**3** \$78.75 Filing Fee &

Certificate of

Status

□\$78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Tirrell Wilherson

Name (Printed or typed

2537 Glover Road

Tallahassee, FL 32305

407 - 970 - 2777

Daytime Telephone number

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)

he name of the corporation shall be:	Dur Kings, Jon	_	<b>厨LED</b>
RTICLE II PRINCIPAL OFFICE	, , ,		15 JUL 10 PM 1:
Principal <u>street</u> address: 5755 Chaires Cross Rosa	5	Mailing address, if different is 3537 Glover How	M. AUCCES, TOW
Tällahassee, FL 38317		Tallahassee, FL &	4305
RTICLE III PURPOSE  the purpose for which the corporation is organized is:  of soft as Christ desus common adult inclas in becoming great	anded, guiding	on of light and the	preservative handyoung
ARTICLE V INITIAL OFFICERS AND/OR	DIRECTORS	ecssor upon the expirat	ion of term or by ink
ame and Title: Dionge Hairston/Chair	Name and Title:		<del></del>
ddress 1983 Ang Arbor Tallahassee FL, 32	Address:		
ame and Title: Lengox Walker/Secreta	Name and Title:		·
ame and Title: Lengox Walker/Secreta ddress 4724 huthenia had Tallahassee, FL 32300	Address:		
ame and Title: Cassie Hammack/Treasur	Mame and Title:		
ddress 5/3 W. Georgia Street Tallahassee, Fl. 32300	Address:		<del></del>
<b>/</b>			

Name and Title:	Name and Title:			
Address				
		•		
Name and Title:	Name and Title:			
Address	Address:			
ARTICLE VI REGISTERED AGENT				
The name and Florida street address (P.O. Box NOT acce	eptable) of the registered agent is:	,		
Name: Tirrell Wilkerson		Ji,		
Address: <u>a537 Glover hand</u>				
Mallahassee, FL 32305	1. ts + * 2	5 /		
	100 j			
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:	tees			
	ما الله	ח כ		
Name: Tirrel Wilkerson				
Address: 3537 Glover Boad				
Tallahassee, FL 323	N5			
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 a	as registered agent and agree to act in this capacity	<b>g</b>		
Kull Hellow	7 - 1 - 1/2 Date	<u>5</u>		
Required Signature of Registered	1 Agent Date			
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.				
A la TAR		5		
Required Signature of Incom	7 - 1 - 1 rporator Date	<del>_</del>		

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