

N15000007817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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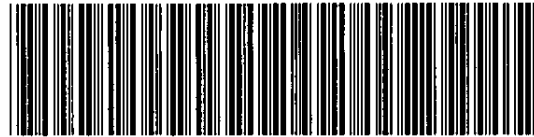
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA

08/12/15

COVER LETTER

EIN# 47-4705285

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

SUBJECT: T.B.G.M. Holy Ghost Headquarters 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: Mary L. McMillen
Name (Printed or typed)

2635 S. Adams St. - Church
Address

Tallahassee, FL 32301
City, State & Zip

850-702-7335
Daytime Telephone number

truthandrestoration@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)

ARTICLE I NAME

The name of the corporation shall be: TRGM Holy Ghost Headquarters Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2635 S. Adams St.
Tallahassee, FL 32301

Mailing address, if different is:

P.O. Box 5833
Tallahassee, FL 32314-5833

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Church

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ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: President, VP,

Secretary APPOINTED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

President

Name and Title: Apostle Dr. Mary L.

McMiller

Address

8364 Springhill Rd
Tallahassee, FL 32305

VP

Name and Title: Overseer Dr. Kendrick J. McMiller

Address:

8364 Springhill Rd
Tallahassee, FL 32305

Secretary

Name and Title: Minister Tamara McNewly

Name and Title: Administrative Assistant

Address

3535 Roberts Ave #295
Tallahassee, FL 32304

Address:

3535 Roberts Ave #295
Tallahassee, FL 32304

Name and Title:

Name and Title:

Address

Address:

EIN # 47-4705285

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Apostle Dr. Mary L. McMiller

Address: 8364 Springhill Rd
Tallahassee, FL 32305

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DEPARTMENT OF STATE
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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Apostle Dr. Mary L. McMiller

Address: 8364 Springhill Rd
Tallahassee, FL 32305

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Mary McMiller
Required Signature of Registered Agent

8/12/2015
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.

Mary McMiller
Required Signature of Incorporator

8/12/2015
Date