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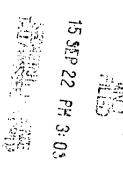
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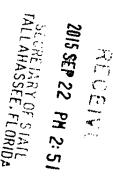
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COVER LETTER

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

SUBJECT: EMMANUEL Christian CENTER Charch Pinc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

Filing Fee & Certificate of Status

□\$78.75 □ \$87.50

Filing Fee

& Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: PARTIN ACTIVATION PORTE

Name (Printed or typed)

P.D. Bax 2009 Address

1-888-748-0900 11-954-256-5318

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)

Principal street address: All EST South S. P.O. Box 2009 Satte Sto. Mailing address, it different is: Lest Sto. Malling address, it different is: Malling address. Malli			muce shasp	in CENTER C	JURCH JAN	<u> </u>	
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ARTICLE VI REGISTERED AGENT			
The name and Florida street address (P.O. Box NO		agent is:	
Name: Jaga Magu AC	web MART		
Address: 37 (Union Ciple	- Ale-Horst		
Selfender Fl	377/6		
24.00			
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:			
	Accor mo		
925 112	n ACEUEDO MA	19 E	
Address: 173 Union C	encile ## " Porce"		
Deffor FL	-00 438		
Having been named as registered agent to accept s	service of process for the abov	ve stated corporation	at the place designated in this
certificate, I am familiar with and accept the appoint			
(1) (1)		4	5/20/16
Required Signature of Reg	gistered Agent		Date
I submit this document and affirm that the facts state to the Department of State constitutes a third degree			nation submitted in a document
Regard Signature o	unde / Pasion	9/	20/2019
	n incorporator	7	(Date)
MARGIN ACEVEDO MARGE,	Pasjon		