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COVER LETTER

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

LAO CHRIS	TIAN CHURCH, INC.	·		
SUBJECT:	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
Enclosed is an original a	and one (1) copy of the Article	es of Incorporation and	a check for :	
\$70.00	□ \$78.75	□ \$78.75	\$87.50	
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,	
	Certificate of	& Certified Copy	Certified Copy	
	Status		& Certificate	
	γ ,	ADDITIONAL CO	PY REQUIRED	
	L			
TD 01/	BOUNMA LOVAN			
FROM:	Name (Printed or typed)			
	2211 37TH AVE N			
	2211 37 111 A V E N		_	
		Address		
	ST. PETERSBURG, FL 33713			
	Cit	y, State & Zip	-	

7272511231

BO28US@YAHOO.COM

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

Daytime Telephone number

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

RTICLE I	PRINCIPAL OFFICE			
115	Principal <u>street</u> address: 1150 49TH STREET N		Mailing address, if different is:	
ST	PETERSBURG, FL 33710			
	II PURPOSE for which the corporation is organized is:	WHERE PEOPLE	GATHER TO PURSUE A HIGHER CAL	LING."
····				
	······································	· · · · · · · · · · · · · · · · · · ·		
RTICLE I	V MANNER OF ELECTION The man	nner in which the dire	ctors are elected and appointed:	are elected 1
	V MANNER OF ELECTION The man	nner in which the dire	ectors are elected and appointed: Directors	are elected!
Di	rutors are alacto	d by th		are elected!
Dit RTICLE V	INITIAL OFFICERS AND/OR DIRECT	d by th	BOLINMA LOVAN Secretory	are elected!
RTICLE V	INITIAL OFFICERS AND/OR DIRECT	d by th	BOLINMA LOVAN Secretory	are elected!
RTICLE V	INITIAL OFFICERS AND/OR DIREC	CTORS Name and Title	BOUNMA LOVAN, Secretary	are elected!
TITELE VI	INITIAL OFFICERS AND/OR DIRECTION OF THE STATE OF THE STA	CTORS Name and Title Address:	BOUNMA LOVAN, Secretary 2211 37TH AVE N ST. PETERSBURG, FL 33713	are elected!
RTICLE V Name and T Address	INITIAL OFFICERS AND/OR DIRECTION OF THE STATE OF THE STA	CTORS Name and Title Address: Name and Title	BOUNMA LOVAN, Secretary 2211 37TH AVE N ST. PETERSBURG, FL 33713	<u>.</u>
TITELE VIAME and Taddress	INITIAL OFFICERS AND/OR DIRECTION OF THE PATRICK HICKS, President 5500 5TH AVE N ST. PETERSBURG, FL 33710 RATSAMY SYAPHAY, VP	CTORS Name and Title Address:	BOUNMA LOVAN, Secretary 2211 37TH AVE N ST. PETERSBURG, FL 33713 KHAMMOUN SIPASEUTH, FS	. 15
RTICLE VI lame and Ti address	INITIAL OFFICERS AND/OR DIRECTION DALE PATRICK HICKS, President 5500 5TH AVE N ST. PETERSBURG, FL 33710 RATSAMY SYAPHAY, VP 3219 68TH AVE N ST. PETERSBURG, FL 33702	CTORS Name and Title Address: Name and Title Address:	BOUNMA LOVAN, Secretary 2211 37TH AVE N ST. PETERSBURG, FL 33713 KHAMMOUN SIPASEUTH, FS 2558 39TH AVE N ST. PETERSBURG, FL 33714	<u>.</u>
RTICLE V Name and T Address	INITIAL OFFICERS AND/OR DIRECTION DALE PATRICK HICKS, President 5500 5TH AVE N ST. PETERSBURG, FL 33710 RATSAMY SYAPHAY, VP 3219 68TH AVE N ST. PETERSBURG, FL 33702	CTORS Name and Title Address: Name and Title Address:	BOUNMA LOVAN, Secretary 2211 37TH AVE N ST. PETERSBURG, FL 33713 KHAMMOUN SIPASEUTH, FS 2558 39TH AVE N	. 15 NOV ~

• '		Name and Title:
Address		Address:
-		
Name and Title:		Name and Title:
Address		Addiess.
ARTICI E VI	REGISTERED AGENT	
	orida street address (P.O. Box NOT accep	ptable) of the registered agent is:
Name:	BOUNMA LOVAN	
Address:	2211 37TH AVE N	
	ST. PETERSBURG, FL 337	713
	INCORPORATOR Idress of the Incorporator is:	
Name:	BOUNMA LOVAN	·
Address:	2211 37TH AVE N	
i saar oo	ST. PETERSBURG, FL 33	713
ARTICLE VIII	EFFECTIVE DATE:	
Effective date, if	other than the date of filing:	d cannot be more than five business days prior or 90 business days
after the filing.)	ate is usion, the date must be specific and	u cannot be more than tive business trays prior of 50 business trays
Note: If the date document's effect	inserted in this block does not meet the ap- tive date on the Department of State's reco-	plicable statutory filing requirements, this date will not be listed as the rds.
		of process for the above stated corporation at the place designated in this s registered agent and agree to act in this capacity
	Some Co	10/15/2015
	Required Signature of Registered	Agent Date
	ument and affirm that the facts stated here t of State constitutes a third degree felgny o	in are true. I am aware that any false information submitted in a document as provided for in s.817.155, F.S.
	R- Ca	10/15/2015
	Required Signature of Incom	