NIDOC	201401
(Requestor's Name) (Address)	700282015677
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL	02/12/1601001001 **78.75
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special instructions to Filing Officer:	<b>NECEIVED</b> 16 FEB II PH 3: 39 INC. NULLIUS SUFFICIENCY OF FILING
Office Use Only	APTHONE ALAPASSE OF STATE ALAPASSE PLOPINE ALAPASSE PLOPINE

## **COVER LETTER** Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 Sean Cain International M (PROPOSED CORPORATE NAME-MUSTING Inc, SUBJECT: Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for : **\$70.00 2** \$78.75 **\$78.75** \$87.50 Filing Fee Filing Fee & Filing Fee Filing Fee, Certificate of & Certified Copy Certified Copy Status & Certificate ADDITIONAL COPY REQUIRED FROM: Sean Cain Name (Printed or typed) 119 Rochelsie Road Crawfordville Fl. 32327 City, State & Zip (850) 661 - 7275 Daytime Telephone number PH 3: 31 <u>Sean.cain 88@yahoo.com</u> E-mail address: (to be used for future annual report notification)

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

EFFECTIVE DATE USOINO ARTICLES OF INCORPORATION In compliance with Chapter 617, F.S., (Not for Profit)	AND FILED
ARTICLEI NAME The name of the corporation shall be: Segn Cain International Ministle TES	1 HTPH 3: 38
ARTICLE II PRINCIPAL OFFICE SECRE	TARY OF STATE . ASSEE FLORIDA
Crawfordvile, Fl. 32327	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: The coorporations purpose is	to spread
the good news of Jesus Christ to all of the nations, ton n encouragement all people, and to help people to know the of God.	inister
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: <u>CEO APPO:ntecl</u> ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
Name and Title: Sean Cain /CEO Name and Title: Address <u>119 Rochelsie Road</u> Address: <u>Craw fordville, Fl. 32</u> 327	
Name and Title: Kevin Reed /Treasurer Name and Title: Address <u>129 Export Greate</u> Address: <u>467 Hickory Lane</u> <u>Havana, Fl. 32333</u> Name and Title: <u>Brian Chambless</u> / Name and Title:	
Address <u>6027 Ox Bo Hom ManorAddress</u> <u>Drive</u> <u>Tallahassee, F1, 32312</u>	

.....

- -

....

\_....

1

Name and Title:	Name and Title:	AND FILED
Address	Address:	16 FED 11 PH 3: 38
		SECRETARY OF STATE TALLAHASSEE PLORIDA
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:

Som Michael Cain

Name: Address:

<u> </u>	<u>riionae</u>	Cain
119	Rochelsie	Road
Cran	fordville	F1. 32327

## ARTICLE VII\_ INCORPORATOR

The name and address of the Incorporator is:

Name: Address: Sean Michael Cain Rochelsie Road Crawfordville, Fl. 32327

## ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: March 1, 2016 \_\_\_. (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

Required Signature of Registered Agent

10 FEB 2016

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.

Michael ain

10 FE \$ 2016

Required Signature of Incorporator