## N16000003095

| (Red                      | questor's Name)   |             |
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| (Add                      | dress)            |             |
| (City                     | //State/Zip/Phone | e #)        |
| PICK-UP                   | ☐ WAIT            | MAIL        |
| (Bus                      | siness Entity Nar | ne)         |
| (Doc                      | cument Number)    |             |
| Certified Copies          | Certificates      | s of Status |
| Special Instructions to f | Filing Officer:   |             |
| ·                         |                   |             |
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SECRETARY OF STATE

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MAR 1 8 2016 S. PRATHER

## **COVER LETTER**

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

| SUBJECT: Cloud Of Gl      | ory Church Inc.               |                             |                              |
|---------------------------|-------------------------------|-----------------------------|------------------------------|
|                           | (PROPOSED CORPO               | RATE NAME – <u>MUST INC</u> | LUDE SUFFIX)                 |
|                           |                               |                             |                              |
|                           |                               |                             |                              |
| Enclosed is an original a | and one (1) copy of the Artic | eles of Incorporation and   | a check for :                |
| <b>\$70.00</b>            | <b>□</b> \$78.75              | <b>■</b> \$78.75            | <b>\$87.50</b>               |
| Filing Fee                | Filing Fee &                  | Filing Fee                  | Filing Fee,                  |
|                           | Certificate of Status         | & Certified Copy            | Certified Copy & Certificate |
|                           |                               | ADDITIONAL CO.              | BY DEOLUBED                  |
|                           | ,                             | ADDITIONAL CO               | PY REQUIRED                  |
|                           |                               |                             |                              |
| FROM:                     | Freddy Lorenzo Adams Sr.      |                             |                              |
| rkowi:                    | Name (Printed or typed)       |                             |                              |
|                           | 800 Peel Street               | •                           |                              |
|                           |                               | Address                     |                              |
|                           | Wildwood fl, 34785            |                             |                              |
|                           | C                             | ity, State & Zip            |                              |
|                           | ( 352 ) 444 - 6710            | •                           |                              |
|                           | Daytim                        | e Telephone number          |                              |

gjireh36@gmail.com

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

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

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

|   | corporation shall be: Cloud Of Glory C  |   | 16 MAR       |
|---|---|---|--------------|
| <u>ARTICLE II</u>   | PRINCIPAL OFFICE  |   |              |
| 7839 (  | Principal <u>street</u> address:<br>Gall blvd   | Mailing address, if different is: 800 Peel Street   | SHY CHAR     |
| Zephy   | rhills fl, 33541  | Wildwood fl, 34785  | OF STATE     |
| faith in the bon  | which the corporation is organized is: ds of brotherly love and fellowship (He eive spiritual teachings 5. To point the left)                               | 1. To establish and maintain a place of worship 2. To unite ebrews 13:1) 3. To meet together & to truly worship God it ost to the way of life by publishing at home and abroad the Ghost. 5. To provide rules of christian conduct based upor | true plan of |
|   |   | Dut   |              |
|   | MANNER OF ELECTION The ma   | nner in which the directors are elected and appointed:  | bylaws       |
| ARTICLE IV  ARTICLE V  Name and Title                       | INITIAL OFFICERS AND/OR DIRE  | CTORS   | bylaws       |
| ARTICLE V  Name and Title                                   | INITIAL OFFICERS AND/OR DIRE  | CTORS  Name and Title:  | bylaws       |
| ARTICLE V  Name and Title                                   | INITIAL OFFICERS AND/OR DIRE Freddy L. Adams Sr. ( President )  | CTORS   | bylaws       |
| ARTICLE V  Name and Title  Address                          | INITIAL OFFICERS AND/OR DIRE  Freddy L. Adams Sr. ( President )  800 Peel Street  Wildwood fl, 34785  | CTORS  Name and Title:  Address:  |              |
| ARTICLE V  Name and Title  Address                          | INITIAL OFFICERS AND/OR DIRE  Freddy L. Adams Sr. ( President )  800 Peel Street  Wildwood fl, 34785  | CTORS  Name and Title:  Address:  Name and Title:   |              |
| ARTICLE V  Name and Title  Address                          | INITIAL OFFICERS AND/OR DIRE Freddy L. Adams Sr. ( President ) 800 Peel Street Wildwood fl, 34785  Ericka S. Adams ( Clerk )                                | CTORS  Name and Title:  Address:  |              |
| ARTICLE V  Name and Title  Address  Name and Title  Address | INITIAL OFFICERS AND/OR DIRE Freddy L. Adams Sr. (President) 800 Peel Street Wildwood fl, 34785  Ericka S. Adams (Clerk) 800 Peel Street Wildwood fl, 34785 | Name and Title:  Address:  Name and Title:  Address:  |              |
| ARTICLE V  Name and Title  Address                          | INITIAL OFFICERS AND/OR DIRE Freddy L. Adams Sr. (President) 800 Peel Street Wildwood fl, 34785  Ericka S. Adams (Clerk) 800 Peel Street Wildwood fl, 34785 | CTORS  Name and Title:  Address:  Name and Title:   |              |

| Name and Title:    |   | Name and Title:                       |                                       |                 |   |
|--------------------|---|---------------------------------------|---------------------------------------|-----------------|---|
| Address _          |   | Address:                              |                                       |                 |   |
| _                  |   |                                       | i i i i i i i i i i i i i i i i i i i |                 |   |
| Name and Title:    |   | Name and Title:                       |                                       |                 |   |
| Address _          |   |                                       |                                       |                 |   |
| -                  |   |                                       |                                       |                 |   |
|                    | <u>REGISTERED AGENT</u><br>lorida street address (P.O. Box <b>NOT</b> ac                  | ceptable) of the registered agent is: |                                       |                 |   |
| Name:              | Freddy Lorenzo Adams  | Sr.                                   |                                       |                 |   |
| Address:           | 800 Peel Street   |                                       |                                       |                 |   |
|                    | Wildwood fl, 34785  |                                       | ΩÄ                                    | 16              |   |
|                    | INCORPORATOR ddress of the Incorporator is:   |                                       | ECRETARY OF STA                       | 16 MAR 18       |   |
| Name:              | Freddy L. Adams Sr.   |                                       | H <sub>C</sub>                        |                 | 珍 |
| Address:           | 800 Peel Street   |                                       |                                       | AM 10: 10       |   |
|                    | Wildwood fl, 34785  |                                       | ुत                                    | 0               |   |
| Effective date, if | EFFECTIVE DATE: Cother than the date of filing: Late is listed, the date must be specific |                                       |                                       | ness days       |   |
|                    | e inserted in this block does not meet the<br>ctive date on the Department of State's re  |                                       | , this date will not be list          | ted as the      |   |
|                    | med as registered agent to accept service familiar with and accept the appointmen         |                                       |                                       | ignated in this | r |
| ro                 | elel adams  | ኢ,                                    | 03/16/2016                            | <del></del>     |   |
|                    | Required Signature of Register  | ed Agent                              | Date                                  |                 |   |
|                    | rument and affirm that the facts stated h<br>nt of State constitutes a third degree felor |                                       | e information submitted               | in a documeni   | t |
|                    | coaled Dadaws   | 4 ha                                  | 03/16/2016                            |                 |   |
| 73                 | Required Signature of Inc   | corporator                            | Date                                  | <del></del>     |   |