## N1600000 3110

(Requestor's Name)			
(Address)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
,			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

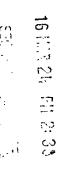




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03/24/16--01003--018 \*\*78.75







## COVER LETTER

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

SUBJECT: JOHN HOUSE	of Trayer	Church o	1 the Living	God	Inc
, (PROPO	SED GORPORA JE NA	MIE - MUST INCLUDE	()		

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			
	12.0	1 (	)		

FROM: Hothy M. Wright

Name (Printed or typed)

113 Nestwood Drive

Address

Vallahassel, Ff 32304

City, State & Zip

(850)345-2018

Daytime Telephone number

Line Al Kenettally, Com

E-mail address: (to be used for litture annual reform patification)

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 The name of	EI NAME e of the corporation shall be: OD Shake If Inc.	ayer Church of the Living God I
ARTICLE	E II PRINCIPAL OFFICE	y y
	113 Principal street address: Vallahassed, 71 32304	Mailing address, if different is:
ARTICLE The purpo:	pose for which the corporation is organized is:	Outreach, 4 Ministry.
_/^	Down By- Laws.	ctors are elected and appointed: _as_ptated
Name and  Address	nd Title: astor Kathy M. Wright Name and Title:	Propetess Emma Paremose 4768 Woodville Hwy Apt. 814
Name and P Address	11016.4 12.	
Name and Address	sono ha a la P	

Name and Title:	Name and Title:		
Address	Address:	i,	م ا
***	·	16 KMR 24	Pil 2: 33
F		\$50 ·	
Name and Title:	Name and Title:	,	2 1 44 F *
Address			•
Addies			•
			-
			•
ARTICLE VI REGISTERED AGENT			
The name and Florida street address (P.O. Box NOT acco	eptable) of the registered agent is:		
Name: Mathy 10. Wrugh			
Address: 12 Meslumod	1 rure		
1all., 47 Ja	2504		
ARTICLE VII INCORPORATOR			
The <u>name and address</u> of the Incorporator is:	ID		
Name: / Alby ///, (e) reg	$\mathcal{D}_{\lambda}$		
Address: 115 WUSLWood  Tano Th 35	30L		
1 all, 4 22	<u> </u>		, .
Effective date, if other than the date of filing:	4/16 (OPTIONAL)		
(If an effective date is listed, the date must be specific a after the filing.)	nd fannot be more than five busines	ss days prior or 90	business days
Note: If the date inserted in this block does not meet the a document's effective date on the Department of State's rec	applicable statutory filing requirements cords.	s, this date will not b	e listed as the
Having been ni <del>qued as reg</del> istered agent to accept service			designated in this
certificate, I am familiar with and accept the appointment	as registered agent and agree to act in		1,
Required Signature of Registere	rd Agent	3/24 Date	116
I submit this document and affirm that the facts stated he	rein are true. I am aware that any fals	l e information subm	itted in a document
to the Department of State constitutes a third degree felon	y as provided for in s.817.155, F.S.	, (	
A Propried Signature of Inco	omorator	3/2K/1	6
U També o Grandi e o r mec	- 1		