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COVER LETTER

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

SUBJECT: Taking Our Cities Back Through Payer TOCBTP
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

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

\$87.50

Filing Fee & Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Javed Raydolph Fackley
Name (Printed or typed)

745 Pustling Pines Blud

Midway FLovila 32343

404-719-2993 Daytime Telephone number

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

The name o	1 the corporation shall be: Taking Our Cities Back	Through	_Prayer
ARTICLE	II <u>PRINCIPAL OFFICE</u>	edri)
7	Principal street address: Principal Street address Principal Street Address Principal Principal Principal Street Address	, if different is:	A
N.	15 Rustling Prios Blud Idumy Florida 32343	A SEC	57 27 0
, th	many rooma 33375		b
			B ST
ARTICLE The purpos	e for which the corporation is organized is:	cities	F. 0
	n Vollence and bring change		
	muith		<u></u>
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By ARTICLE	Transver	pointed: APPOU	ntea
<u>ARTICLE</u>	V INITIAL OFFICERS AND/OR DIRECTORS		
Name and I	Citle; Jayed Rackley P Name and True:		
Address	MS Ructing Rules Address:		
	blid_		
	Midnay (L 32343	-17	
Name and I			
Address	775 Rustling Pinos Address:		
	Mid		
	Midury +2 32343 p		
Name and T	Title: Ponal Parlay Skiame and Title:		
Address	9895 Old Lloyd Address:		•
	Kd		
	Monticello FL, 32344		

Name and Title:	Name and Title:	
Address	Address:	
Name and Title:	Name and Title:	
Address	Address:	
`		
		16 APR
The name and Florida street address (P.O.)	Box NOT acceptable) of the registered agent is:	
Name: Taxed Rac	Kley	
Address: 445 Rusti	ng Pincs	
Blud Mide	eay FL 32343	
ARTICLE VII INCORPORATOR	t	
The <u>name and address</u> of the Incorporator is:	:	
Name: Carea Kac	Clean Blud	
	c Pines Plud	
Midway	10 32343	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing	:(OPTIONAL)	
(If an effective date is listed, the date must after the filing.)	be specific and cannot be more than five business days	s prior or 90 business days
Note: If the date inserted in this block does document's effective date on the Department	not meet the applicable statutory filing requirements, this of State's records.	date will not be listed as the
Having been named as registered agent to	accept service of process for the above stated corporation	n at the place designated in this
certificate, I am familiar with and accept the	appointment as registered agent and agree to act in this co	apacity
Required Signatur	re of Registered Agent	7/8/19 Date
I submit this document and affirm that the fa	acts stated herein are true. I am aware that any false infor	rmation submitted in a document
a la sonsidires a third	degree felony as provided for in s.817.155, F.S.	1/8/110
Required Signature	nature of Incorporator	7 Date
		•