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PICK-UP WAIT MAIL

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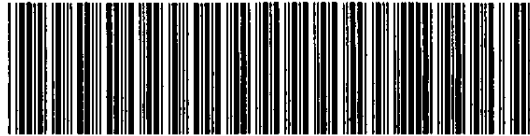
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 APR -8 PM 1:40

COVER LETTER

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

SUBJECT: TRUE HOLINESS UNDER GOD'S SALVATION, INC.
(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
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Bishop James Sapp, Jr.

Name (Printed or typed)

7625 Tacony Drive

Address

Jacksonville, Florida 32277

City, State & Zip

904-414-9163

Daytime Telephone number

pastorjamessapp@yahoo.com

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

ARTICLE I NAME

The name of the corporation shall be: TRUE HOLINESS UNDER GOD'S SALVATION, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
7625 Tacony Drive

Mailing address, if different is:

Jacksonville, Florida 32277

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To operate exclusively for religious, educational and distinct ecclesiastical purposes. To conduct a local church by the direction of the Lord Jesus Christ and under the leadership of the Holy Spirit.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Appointed by Bishop

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Sapp, Jr.-President Name and Title: _____

Address: 7625 Tacony Drive Address: _____
Jacksonville, Florida 32277

Name and Title: Bonita Sapp-Vice President Name and Title: _____

Address: 7625 Tacony Drive Address: _____
Jacksonville, Florida 32277

Name and Title: Nateria Nicole Washington-Secretary Name and Title: _____

Address: 2268 Placeda Street Address: _____
Jacksonville, Florida 32209

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 APR - 8 PM 1:40

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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:

Name: James Sapp, Jr.

Address: 7625 Tacony Drive

Jacksonville, Florida 32277

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: James Sapp, Jr.

Address: 7625 Tacony Drive

Jacksonville, Florida 32277

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

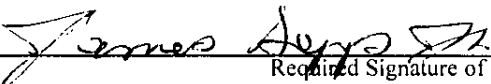


Required Signature of Registered Agent

4-5-2016

Date

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.



Required Signature of Incorporator

4-5-2016

Date