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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

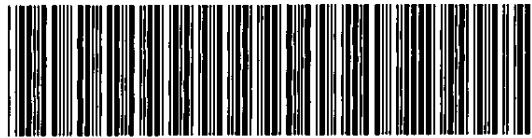
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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Miracle Gospel Singels Co  
(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: Jeffery Washburn  
Name (Printed or typed)

6094 Hugen Rd  
Address

Tallahassee Fla 32309  
City, State & Zip

950-766-4041  
Daytime Telephone number

Jeff.washburn@HotMail.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: Micah Gospel Bingers S Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address:

6094 Huger Rd  
Tallahassee Fla 32309

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To help bring out  
FN Need

16 JUN 26 PM 5:08  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

APPROVED  
AND  
FILED

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P. C. G. Gabe Name and Title: V P  
Address: 3624 Robin Rd Address: Stack Bryant  
Tallahassee Fla 3624 Robin Rd  
32305 32305

Name and Title: T. Calvin Moore Name and Title: S  
Address: 6094 Huger Rd Address: Andra Bullen  
Tallahassee Fla 6094 Huger  
32309 Tallahassee Fla

Name and Title: \_\_\_\_\_ Name and Title: 32309  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

fei 81-1820364

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: C. J. Johnson  
Address: 6094 Huger Rd  
Tallahassee Fla 32309

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: C. J. Johnson  
Address: 3624 Robin Rd


**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

7-26-16  
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

7-26-16  
Date