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(Re	questor's Name)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

16 AUG 12 PH 3: 28

July 20, 2016

PATRICE TINDE 539 AVOCADO CIRCLE BRANDON, FL 33510

SUBJECT: GLORIOUS CHURCH INTERNATIONAL TAMPA

Ref. Number: W16000050467

SECRE FARY OF STATE TANDA

We have received your document for GLORIOUS CHURCH INTERNATIONAL TAMPA and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Please provide the complete addresses for the officers/directors listed in the articles.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon Regulatory Specialist II

Letter Number: 816A00015208

COVER LETTER

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

GLORIOUS CHURCH INTERNATIONAL TAMPA, INC.

8133150552

patricetinde@gmail.com

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

i is an original a	nd one (1) copy of the Ar	ticles 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 CO	PY REQUIRED
FROM:	PATRICE TINDE		_
	Na	me (Printed or typed)	
	539 AVOCADO CIRCLE		_
		Address	_

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

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

City, State & Zip

Daytime Telephone number

ARTICLES OF INCORPORATION La compliance with Chapter 617, r.S., (Not for Profit)

	<u>II PRINCIPAL OFFICE</u>				
	Principal street address:	Mailing addres	ss, if different is:	16	∏.SI
9	1E FAIRBANKS STREET	PO BOX 9324 TAMPA,	FLORIDA, 33674	A	
T.	AMPA, FLORIDA, 33604			<u>a</u>	
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	·			<u> </u>	무무
RTICI F	III PURPOSE	•			ZZ.
	e for which the corporation is organized is:			9	ΛV
	AIM THE GOSPEL OF JESUS CHRIST AND			TRU	E LOVE
THERS?	O BELIEVE BECAUSE EVERYTHING IS PO	SCIDLE TO OUR COD			
					
					.
_					
	V MANNER OF ELECTION The manner	n which the directors are elected and a	ppointed: BY THE		
ATICLE		Name and Title: JOANNE DOMORA	AUD, ASSISTANT	_	
ame and 1	INITIAL OFFICERS AND/OR DIRECTO Title: JEAN MARIE DOMORAUD, PASTOR, I 145 VISTA VIEW, EAGLE LAKE, FL, 33	Name and Title: JOANNE DOMORA 145 VISTA VIEW, 33839	AUD, ASSISTANT EAGLE LAKE, FL	Paz	for
ame and 1	INITIAL OFFICERS AND/OR DIRECTOR Sitle: 145 VISTA VIEW, EAGLE LAKE, FL, 33 Title: RATRICE TINDE, VICE- PRESIDENT	Name and Title: JOANNE DOMORANGE Address: 145 VISTA VIEW, 133839	AUD, ASSISTANT EAGLE LAKE, FL OB, VICE-PRESID	Paz	tor
ame and 1	INITIAL OFFICERS AND/OR DIRECTO Title: JEAN MARIE DOMORAUD, PASTOR, I 145 VISTA VIEW, EAGLE LAKE, FL, 33	Name and Title: JOANNE DOMORA 145 VISTA VIEW, 33839 Address: ALLE ADJIRI JACK Address: 309 RIO VISTA AV	AUD, ASSISTANT EAGLE LAKE, FL OB, VICE-PRESID	Paz	tor
me and Taldress	INITIAL OFFICERS AND/OR DIRECTOR Sitle: JEAN MARIE DOMORAUD, PASTOR, I 145 VISTA VIEW, EAGLE LAKE, FL, 33 RATRICE TINDE, VICE- PRESIDENT 539 AVOCADO CIRCLE, BRANDON, FL 33510 FRANCOIS A JIMA, VICE PRESIDENT	Name and Title: JOANNE DOMORA 145 VISTA VIEW, 33839 ALLE ADJIRI JACK Address: 309 RIO VISTA AV ADJIM	AUD, ASSISTANT EAGLE LAKE, FL OB, VICE-PRESID	Paz ENT	for
enter and Taldress	INITIAL OFFICERS AND/OR DIRECTOR Sitle: JEAN MARIE DOMORAUD, PASTOR, I 145 VISTA VIEW, EAGLE LAKE, FL, 33 Sitle: Sitle: Sitle: FRANCOIS AJIMA, VICE-PRESIDENT	Name and Title: JOANNE DOMORA 145 VISTA VIEW, 33839 ALLE ADJIRI JACK Address: 309 RIO VISTA AV 33603 Name and Title: 9115 FAIRBANKS	AUD, ASSISTANT EAGLE LAKE, FL OB, VICE-PRESID E, TAMPA, FLOR	Paz ENT	for
RTICLE	INITIAL OFFICERS AND/OR DIRECTOR Sitle: JEAN MARIE DOMORAUD, PASTOR, I 145 VISTA VIEW, EAGLE LAKE, FL, 33 PARTICE TINDE, VICE- PRESIDENT 539 AVOCADO CIRCLE, BRANDON, FL 33510 Sitle: FRANCOIS AJIMA, VICE-PRESIDENT 911E FAIRBANKS, TAMPA, FLORIDA	Name and Title: Name and Title: Address: ALLE ADJIRI JACK 309 RIO VISTA AV Address: Name and Title: 911E FAIRBANKS,	AUD, ASSISTANT EAGLE LAKE, FL OB, VICE-PRESID E, TAMPA, FLOR	Paz ENT	for
ame and Taldress	INITIAL OFFICERS AND/OR DIRECTOR Sitle: JEAN MARIE DOMORAUD, PASTOR, I 145 VISTA VIEW, EAGLE LAKE, FL, 33 Sitle: Sitle: Sitle: FRANCOIS AJIMA, VICE-PRESIDENT	Name and Title: JOANNE DOMORA 145 VISTA VIEW, 33839 ALLE ADJIRI JACK Address: 309 RIO VISTA AV 33603 Name and Title: 9115 FAIRBANKS	AUD, ASSISTANT EAGLE LAKE, FL OB, VICE-PRESID E, TAMPA, FLOR	Paz ENT	tor

Address Name and Title: Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: PATRICE TINDE 399 AVOCADO CIRCLE, BRANDON, FLORIDA, 33510 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: PATRICE DIDE 398 AVOCADO CIRCLE, BRANDON, FLORIDA, 33510 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: PATRICE LAKE FLORIDE Address: (OFTIONAL) (If an effective date, if other than the date of filing. 5/18/2016 (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 basiness 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 or 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 Invalidation Invalidat	Name and Ti	itle:	Y Name and Title:	
Name and Title: Name and Title: Name and Title: Name and Title: Name: Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: PATRICE TINDE			60 / 4 ' '	
Name and Title: Name and Title: Name and Title: Name and Title: Name: Name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: PATRICE TINDE		· Keary		
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: PATRICE TINDE S19 AVOCADO GIRCLE, BRANDON, FLORIDA, 33510 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: PATRICE DINCE ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: PATRICE DINCE ARTICLE VIII INCORPORATOR The name and address of the Incorporator is: Name: PATRICE DINCE ARTICLE VIII INCORPORATOR The name and address of the Incorporator is: Name: Observe Department of filing. S18 AUG 8, 2018 1 Broad No. 10			<u> </u>	
Address: Address: Address: PATRICE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: PATRICE TINDE Address: NAME: Address:	Name and T	itle:	Name and Title:	
ARTICLE VII REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: PATRICE TINDE 339 AVOCADO CIRCLE, BRANDON, FLORIDA, 33510 NAME J. ETCHENE WY COMMISSION #F 109774 EXPINES March 22, 2018 EXPINES March 22, 2018 EXPINES March 22, 2018 EXPINES March 22, 2018 EXPINES March 23, 2018 EXPINES March 22, 2016 EXPINES March 23, 2018 EXPINES March 24, 2018 EXPINES March 25, 2018 EXPINES March 23, 2018 EXPINES March 24, 2018 EXPINES March 24, 2018 EXPINES March 25, 2016 EXPINES MARCH 25, 2018 EXPINES March 25, 2016 EX	Address		Address:	
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: PATRICE TINDE 539 AVOCADO CIRCLE, BRANDON, FLORIDA, 33510 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: LAS VISTA VICUO; EAGLE LAKE, Florida, 323839 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing. 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 5/17/2016 Required Signature of Registered Agent 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. 5/17/2016				
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: PATRICE TINDE 539 AVOCADO CIRCLE, BRANDON, FLORIDA, 33510 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: LAS VISTA VICUO; EAGLE LAKE, Florida, 323839 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing. 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 5/17/2016 Required Signature of Registered Agent 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. 5/17/2016				——————————————————————————————————————
Name: Address: S39 AVOCADO CIRCLE, BRANDON, FLORIDA, 33510	ARTICLE V	'I REGISTERED AGENT		
Address: Address	The <u>name ar</u>	nd Florida street address (P.O. Box NOT ac	ceptable) of the registered agen	t is:
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Last Vista Vigus, Florida, 33839 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 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 S/17/2016 Required Signature of Registered Agent 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 x.817.155, F.S. 5/17/2016	Name:	PATRICE TINDE		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: Lys Vista View, Florida, 33'8'39 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (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 S/17/2016 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. S/17/2016	Address:	539 AVOCADO CIRCLE, BRANDON, FLO	ORIDA, 33510	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Domorousd: Address: LHS VISTA VICUE; EAGLE LAKE FLORIDG A 33839 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (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 [S/17/2016] Required Signature of Registered Agent 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. 5/17/2016				MY COMMISSION I FF 098724
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to the Department of State constitutes a third degree felony as provided for in.s.817.155, F.S. 5/17/2016		Required Signature of Register	red Agent	Date
5/17/2016				
	о те пери	ment of State constitutes a titra weette jeto	The province joi in skill it is	
		Required Signature of Inc	corporator	<u> </u>