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SECRETARY OF STATES

11/23/16

COVER LETTER

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

BJECT:	wship Baptist Association of Fl (PROPOSED CORPO	PRATE NAME – <u>MUST INC</u>	CLÜDE SUFFIX)
losed is an original a	and one (1) copy of the Arti	cles of Incorporation and	a check for :
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate
FROM:	Dr. Jimmie L. Downing	e (Printed or typed)	-
	P. O. Box 953	Address	_
	Lakeland, Florida 33802	City, State & Zip	-
	863-688-9247	ne Telephone number	_

pastordowning@aol.com

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

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

	the corporation shall be:	Aut.		E Sor
ARTICLE II	PRINCIPAL OFFICE			MON ALL
	Principal street address:		Mailing address, if different is:	
865	5 Summerfield Dr.	P.O	. Box 953	RAY PARY
				2 191
Lal	keland, Florida 33803	Lak	eland, Florida 33802	2 5 ¹
				o :
ARTICLE II	II PURPOSE	o promote denomina	tional fellowship,growth and unity, en	couraging and
The purpose	for which the corporation is organized is:	o promote denomina		
supporting C	Christian Education, Home and Foreign Mis	ssion, Evangelism, S	tate and National Convention and othe	r Christian interes
that may be	deemed expedient by this Association. We a	are also, organized to	promote the principles of Christianity	through the
preaching of	f the Gospel, and teaching of Spiritual Truth	s, the establishments	and sustaining of Baptist Churches ar	d facilitate the
fraternal uni	on and the work of up building the Kingdon	n of Christ; to consti	tute new churches and aid and assist of	ld ones: to spread
**				
Biblical Prin	iciples among Churches in bounds, and the s	support of other orga	inizations and enterprises dedicated to	similar ideals.
ARTICLE II	······································		ctors are elected and appointed:	ns shall be held
every	(5) fire yours require	ing 2/3 Va	ctors are elected and appointed:	ns shall be held
every article v	(5) fire years required Initial Officers And/OR DIRECT	ing 2/3 Va	Louis Anderson, Ir Dir.	ns shall be held
ARTICLE V	(5) fire years required Initial Officers And/OR DIRECT	ing 2/3 Vo	Louis Anderson, Ir Dir.	ns shall be heid
ARTICLE V	(5) five years reguing INITIAL OFFICERS AND/OR DIRECTION itle:	ctors Name and Title:	Louis Anderson, Jr. Dir.	ns shall be held
ARTICLE V Name and Ti Address	itle: INITIAL OFFICERS AND/OR DIRECTION INITIAL O	<u></u>	Louis Anderson ,Jr. Dir. 304 Myrtle St. Arcadia, Florida 34266	ns shall be held
ARTICLE V Name and Ti Address	itle: INITIAL OFFICERS AND/OR DIRECTION INITIAL O	Name and Title: Address: Name and Title:	Louis Anderson ,Jr. Dir. 304 Myrtle St. Arcadia, Florida 34266	ns shall be held
ARTICLE V Name and Ti Address	INITIAL OFFICERS AND/OR DIRECTION INITIAL OFFICERS	<u></u>	Louis Anderson ,Jr. Dir. 304 Myrtle St. Arcadia, Florida 34266 Michael A. Rue , Dir	ns shall be held
ARTICLE V Name and Ti Address Name and Ti	INITIAL OFFICERS AND/OR DIRECTION INITIAL OFFICERS	Name and Title: Address: Address: Address:	Louis Anderson ,Jr. Dir. 304 Myrtle St. Arcadia, Florida 34266 Michael A. Rue , Dir P. O. 939	ns shall be held
ARTICLE IV ARTICLE V Name and Ti Address Name and Ti Address	INITIAL OFFICERS AND/OR DIRECTION INITIAL OFFICERS	Name and Title: Address: Name and Title:	Louis Anderson ,Jr. Dir. 304 Myrtle St. Arcadia, Florida 34266 Michael A. Rue , Dir P. O. 939 Arcadia, Florida 34266	ns shall be held

Name and Titl	e: Garfield Williams, Treasurer	Name and Title:	
Address	1038 walnut Street	Address:	
	Lakeland, Florida 33815	-	- -
			_
Name and Titl	e:	Name and Title:	_
Address		Address:	_
		-	
			_
ARTICLE VI	REGISTERED AGENT		
	Florida street address (P.O. Box NOT accept	ptable) of the registered agent is:	
Name:	Jimmie L. Downing		
Address:	865 Summerfield Dr.		<u>≅</u> ≦ ≤a
	Lakeland, Florida 33803	·	231 NOA 21210a W 21210a W
			N 34.0
ARTICLE VIII The name and	I INCORPORATOR address of the Incorporator is:		
Name:	Jimmie L. Downing		PH 2:
Address:	P. O. Box 953		ज हैं
,	Lakeland, Florida 33802		
	II EFFECTIVE DATE:		
(If an effectiv		(OPTIONAL) nd cannot be more than five business days prior or 90	business days
after the filing	~ ·		
	ate inserted in this block does not meet the ap fective date on the Department of State's reco	oplicable statutory filing requirements, this date will not bords.	e listed as the
Having been	named as registered agent to accept service :	of process for the above stated corporation at the place	e designated in this
certificate, I a	m familiar with and accept the appointment a	s registered agent and agree to act in this capacity	
_Antan	XIVA	11/13/201	6
700	Required Signature of Registered		
I submit this d	ocument and affirm that the facts stated here	ein are true. I am aware that any false information subm	itted in a document
n ine veparin	ment of State constitutes a third degree felony		
Kong	Required Signature of Incorp	$\frac{14/13/201}{\text{Date}}$	
- 11	resignive dignature of liteory	Date	,