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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: TELL THE RIGHTEOUS, TRUTH OR TRUE, 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: Kenneth E. Francis
Name (Printed or typed)

1160 John Sims Pkwy E.
Address

Niceville, FL 32578
City, State & Zip

850-259-9944
Daytime Telephone number

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: Tell the Righteous, Truth or True, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1160 John Sims Pkwy E.
Niceville, FL 32578

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To obey Jesus Christ To lead people to Jesus Christ and help them walk in Christ and the Spirit of Christ. To teach people how to help others learn about Jesus Christ. To shelter, cloth and feed people, physically and spiritually. To prepare people for this life and life after. To just Repent and obey.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: appointed or elected by directors as led by the Holy Spirit.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kenneth E. Francis - Overseer Name and Title: Jason C. Mason - Director

Address: 321 St. Andrews Dr.
Niceville, FL 32578

Address: 201 Island Lane
Niceville, FL 32578

Name and Title: James Clayton - Missionary Name and Title: _____

Address: 1160 John Sims Pkwy E.

Address: _____

Name and Title: Holly N. Mason - Treasury Name and Title: _____

Address: 201 Island Lane
Niceville, FL 32578

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 NOV 29 AM 8:32

FILED

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: KENNETH E. FRANCIS

Address: 321 ST. ANDREWS DR.

Niceville, FL 32578

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kenneth E. Francis

Address: 321 St. Andrews Dr.

Niceville, FL 32578

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JAN. 1, 2017 (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.)

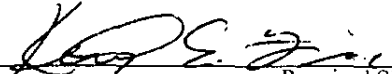
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

11/28/16
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

11/28/16
Date