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COVER LETTER

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

SUBJECT: Moors Temple OF LIHT TRUST CORP
(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: Prince JEOM EL Name (Printed or typed)

GO 521 NW 42ND ST CONSUL 14
Address

MIAMI, FLORIDA REPUBLIC [33177-999]
City, State & Zip

718-65\$-3539 1786-5\$9-8288 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)

The name of the corporation shall be: MOOLS TEMPLE OF LIHT TRUST CORP.	,	
ARTICLE II PRINCIPAL OFFICE		
Principal street address: Mailing address, if differen	t is:	
C/O 521 NW 42 NO ST CONSUL 14		
MIAMI, FLORIDA REPUBLIC [33127.9918]		
ARTICLE III PURPOSE The purpose for which the corporation is organized is: MOORS TEMPLE OF LIHT TRUST CO	orp. is	
formed for the propose of uplitting faller humanity through the education		
promotion of Knowledge of Self teaching Love, Truth, Peace	•	
and botice; honoring all True and Divine Spiritual and	•	
Prophets; respecting all faiths formed and founded in the se	•	
all assets in Trust for the exclusive benefit of participation		
their beneficiaries, applying for livenses, open a bank account, and all	i l	
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:		
rotarian system amongst directors good standing, 1/27 of	wery year.	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	w3	
Name and Title: Prince JEDM El-Chairman Name and Title:	17 F	
	- 87 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
Address 40 521 NW 42ND ST CONSVL 14 Address:		
MIAMI, FLORIDA REABLIE [83127.9998]		
C - 1 il c: 11 = 52. at	<u> </u>	
Name and Title: CARLOS A. Herfield Elchard Name and Title:	<u></u>	
Address 20533 Riscayne Alva Address:		
Aventura F1 33/80		
Name and Title: Edwin A Sandy Assistant Chair Name and Title:		
Address 11530 Griffing Blyd 1Pt 5 Address:		
Biscayne Black, FL 33161		
•		

Name and Tit	le: Jessica Castro - Suretary	Name and Title:	
Address	575 NG 79 Class	Address:	
	Apt 2		
	Miam, FL 33137.		
Name and Tit	le: Sarah Thompson-Treasur	Name and Title:	
Address	Suite NO. 681705	Address:	
	North Miami, Fl 38168		
	,		
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:			
Name:	Prince JEOM EL		
Address:	0 521 NW 42 ND S		
Audress.	MIAMI, FLORIDA REABLIE E	<u></u>	
	TOTAL POPULOR PARADUCE		
ARTICLE VII INCORPORATOR			
The name and address of the Incorporator is: Name: Name:			
Dun Billian Blud#518 369			
Address:	miami, Fl.	23138	
A DOWN OF THE LOT	. , , ,		
Effective date, if other than the date of filing: 27 JANUARY 2917 (OPTIONAL)			
(If an effectiv	e date is listed, the date must be specific an	d cannot be more than five days prior or 90 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 ARUR WITHOUT PREJUDICE UCC 1-388			
		1/31/2017	
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.			
$\triangle a$	undth	1/31/2017	
7	Required Signature of Incor	porator / /Date	