

N17000001920

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature and date: 02/21/17*

To Whom it May Concern!

TRGM Holy Ghost Headquarters Inc.  
N75000007817 will not Reinstate

~~My Mails~~

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SECOND JURY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: TRGM Holy Ghost Headquarters 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: Mary McMiller  
Name (Printed or typed)

3512 Estates Rd  
Address

Tallahassee, FL 32305  
City, State & Zip

850 570-8506  
Daytime Telephone number

truthandrestoration@yahoo.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: TRGM Holy Ghost Headquarters Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

3572 Estates Rd  
Tallahassee, FL 32305

Mailing address, if different is:

P.O. Box 5833  
Tallahassee, FL 32314

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Church

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: P, VP,  
Elected

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Mary McMiller, Founder/President Name and Title: Kendrick McMiller VP

Address: 3020 Kavin St Address: \_\_\_\_\_  
Tallahassee, FL 32301

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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: Mary McMiller  
Address: 3020 Kevin St  
Tallahassee, FL 32301

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mary McMiller  
Address: 3020 Kevin St  
Tallahassee, FL 32301

**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 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*

Mary McMiller  
Required Signature of Registered Agent

2/21/2017  
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.*

Mary McMiller  
Required Signature of Incorporator

2/21/2017  
Date