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EFFECTIVE DATE 05/01/17

2 05/03/17

## **COVER LETTER**

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

SUBJECT: Singida Miss	ions, Inc						
	(PROPOSED CORPO	RATE NAME – <u>MUST INC</u>	LUDE 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 CO	PY REQUIRED				
FROM:	Gabriel E. Adam						
T.KO.M.	Name	(Printed or typed)	-				
	111 E Lake Mary Blvd., Suite	107					
		Address	-				
Sanford, FL 32773							
City, State & Zip							
407-324-0811							
	e Telephone number	=					
	gabriel@theadamlawfirm.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)

<u>ARTICLE I</u> NAME Singida Missions, Inc. The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Principal street address: Mailing address, if different is: T 10 Larkspur Lane Debary, FL 32713 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: to support and facilitate missionary work and other related activities, promote cultural exchange with religious missionaries, and for charitable and religious purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code. No proceeds of the corporation will enrich any individuals except that reasonable compensation may be paid for services to the corporation. If the corporation is dissolved, then any remaining assets will be distributed to another corporation serving a similar purpose and qualifying as a tax-exempt, charitable organization under the provisions of 501(c)(3) IRC. ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

According to Bylaws ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Titus Kachinda, Director Name and Title: 10 Larkspur Lane Address Address: Debary, FL 32713 Sebastian Nzabayanga, Director Name and Title: Name and Title: 847 Park Lake Ct. Address Address: Orlando, FL 32803 Claudius Mpuya, Director Name and Title: \_\_\_\_ Name and Title:\_\_ 518 Desota Ave. \_\_\_\_\_ Address: Address Inverness, FL 34452

Name and Title:		Name and Title:	
Address	<u>,</u>	Address:	
Name and Title:		Name and Title:	
Address		Address:	
	REGISTERED AGENT orida street address (P.O. Box NOT accep	otable) of the registered agent is:	<b>3</b>
Name:	The Adam Law Firm, P.A.	<u>1</u>	2- MAY -2
Address:	111 E. Lake Mary Blvd., Sui	te 107	-2 A
	Sanford, FL 32773		AH II: 3
	INCORPORATOR  dress of the Incorporator is:  Gabriel E. Adam, Esq.	RAICA A	် က တ
Name:	111 E. Lake Mary Blvd., Sui		
Address:	Sanford, FL 32773		
Effective date, if	EFFECTIVE DATE: other than the date of filing: the is listed, the date must be specific an	1 / 201 (OPTIONAL)  Indicannot be more than five days prior or 90 days after	the filing.)
	inserted in this block does not meet the ap ive date on the Department of State's reco	oplicable statutory filing requirements, this date will not be ords.	e listed as the
		of process for the above stated corporation at the place is registered agent and agree to act in this capacity	designated in this
_6~	Required Signature of Registered	Agent 04/28/7	2017
	ment and affirm that the facts stated here t of State constitutes a third degree felony	ein are true. I am aware that any false information submit as provided for in s.817.155, F.S.	tted in a document
<u>6</u>	Required Signature of Incor	porator O4/28/	2017