N1700004838

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			



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04/12/17--01018--010 **78.75

17 APR 12 AM 9:21

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N. SAMS MAY 05 2017



FLORIDA DEPARTMENT OF STATE Division of Corporations

17 APR 12 AM 9: 21

TALL ARASSEE, FLORIDA

April 14, 2017

CARRIE WILLIAMS PO BOX 330363 ATLANTIC BEACH, FL 32233

SUBJECT: THE TRUTH REPUBLIC, INC.

Ref. Number: W17000032534

We have received your document for THE TRUTH REPUBLIC, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 717A00007300

COVER LETTER

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

$_{ m SUBJECT:}$ The T $_{ m I}$	uth Republic,		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLUI</u>	DE SUFFIX)
Enclosed is an original a \$70.00 Filing Fee	nd one (1) copy of the Art □ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate

PO Box 330363

Address

Atlantic Beach, FL 32233

City, State & Zip

904-525-5889

Daytime Telephone number

carrie@thetruthrepublic.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)

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The name of the corporation shall be: The Truth Republic, Inc.			1 <u>7 A</u> P	17 APR 12 AM 9: 21
ARTICLE II	PRINCIPAL OFFICE		oci. ••••••	LIANT OF STAIL HASSEE, FLORINA
0447	Principal street address:	50	Mailing address, if different is:	
2117	Bartolome Road	PO	Box 330363	
Atla	ntic Beach, FL 32266	At	antic Beach, FL 32233	3
	PURPOSE which the corporation is organized is:			ving in
freedom t	hrough the truth found in th	e gospel c	of Jesus Christ.	
ARTICLE IV	MANNER OF ELECTION The ma	nner in which the	directors are elected and appointed:	As set forth
in the bylaw	'S.			
ARTICLE V	INITIAL OFFICERS AND/OR DI	RECTORS		
Name and Title:	Carrie Williams- President	Name and Title	McCarthy Crenshaw- Treasu	rer
Address	PO Box 330363	Address:	PO Box 330363	
	Atlantic Beach, FL 32233		Atlantic Beach, FL 322	33
Name and Title	Joy Hervey- Secretary	Name and Title	Rachel Self- Vice Preside	ent
Address	PO Box 330363	Address:	PO Box 330363	
-	Atlantic Beach, FL 32233		Atlantic Beach, FL 322	<u>33</u>
Name and Title		Name and Title		

_____ Address:

Address

To:

			FILED
Name and Title:_		Name and Title:	17 APR 12 AM 9: 2
Address		Address:	
		***	TALLAHASSEE, FLORI
_			
Name and Title:_		Name and Title:	
Address			
_			
<u></u>			
ARTICLE VI	REGISTERED AGENT		
The name and Flo	orida street address (P.O. Box NOT accep	table) of the registered agent is:	
Name:	Carrie Williams		
Address:	2117 Bartolome Road		
	Neptune Beach, FL 322	66	
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Carrie Williams		
Address:	2117 Bartolome Road		
	Neptune Beach, FL 322	266	
	ned as registered agent to accept service a amiliar with and accept the appointment as		
	Ml D		5/4/17
	Required Signature of Registered	Agent	Dale
			false information submitted in a document
w ine veparimen	t of State constitutes a third degree felony o	is proviueu jor in S.81 /.133, F.S.	alulia
		<u> </u>	<u> </u>
	Required Signature of Incorp	oorator	Dåte