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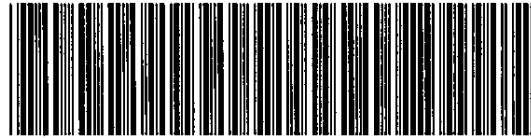
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17 JUN -5 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Church of Absolute Truth, 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: William R Custer Jr
Name (Printed or typed)

210 Pelham Rd Unit 218A
Address

Ft Walton Beach, FL 32547
City, State & Zip

301-305-9353
Daytime Telephone number

custerwr1@gmail.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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Church of Absolute Truth, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

210 Pelham Road, Unit 218A
Ft. Walton Beach, FL 32547

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for charitable, religious, educational,
and scientific purposes, including, for such purposes, the making
of distributions to organizations that qualify as exempt
organizations under Section 501(c)(3) of the Internal Revenue Code,
or the corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: The initial

Church Leader is named below. Future Sphere Leaders will elect a Church Leader
every five years, from the date of 1 June 2017.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William R Custer Jr, A ^{P Church Leader} Name and Title: _____

Address 210 Pelham Rd, #218A Address: _____
Ft Walton Beach, FL
32547

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: William R Custer Jr

Address: 210 Pelham Rd, Unit 218A
Ft Walton Beach, FL, 32542


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: William R Custer Jr

Address: 210 Pelham Rd, Unit 218A
Ft Walton Beach, FL 32542

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

1 June 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.



Required Signature of Incorporator

1 June 2017

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 JUN -5 PM 4:09

FILED