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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer |
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Office Use Only



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J. FASON JUN 27 2017 17 July 27 #1111 10

COVER LETTER

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

| SUBJECT: Chr | Sticas Acts Pr PROPOSED CORP | SON MINISTY ORATE NAME - MUSTING | LUDE SUFFIX |
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| linclosed is an original a S70.00 Filing Fee | nd one (1) copy of the Ar \$78.75 Filing Fee & Certificate of Status | Filing Fee & Certified Copy ADDITIONAL CO | S87.50 Filing Fee. Certified Copy & Certificate |

FROM: Joseph Christian Herring

1223 Airport drive

Address

Tallahassee Fla 32304

City. State & Zip

1-850-628-9753

Daytime Telephone number

E-mil address: (to be used for future annual eport 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)

| RTICLE II PRINCIPAL OFFICE | | | |
|--|--|--|------------------------------|
| Principal <u>street</u> address: | | Mailing address, if different is: | |
| 1333 Airport de | | | |
| Tullchassee F | Ekrida | | */ |
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| Address | Address: |
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| Name and Title: | Name and Title: |
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| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT access) | eptable) of the registered agent is: |
| | |
| Address: 1223 Airport di | |
| Name: Joseph C Herrin Address: 1223 Airport dr Tulluhussee Fla | <u> 32</u> 801 |
| | |
| The name and address of the Incorporator is: | |
| Name: Joseph C Herri | |
| Name: Joseph C Herri Address: 1223 Awport du | |
| Tullahussee Fl | 37304 |
| 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 a | nd 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 a | applicable statutory filing requirements, this date will not be listed as the |
| document's effective date on the Department of State's rec | |
| | of process for the above stated corporation at the place designated in this |
| certificate, Lum familiar with and accept the appointment | |
| Required Signature of Registere | d Agent June 27 Date |
| | rein are true. I am aware that any false information submitted in a document |
| | |
| Required Signature of Inco | Deporator July 37 2017 |
| / | |