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(City/State/Zip/Phone #)

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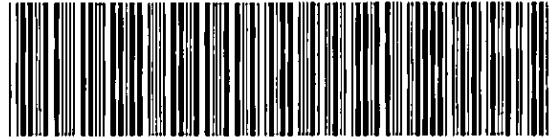
(Business Entity Name)

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JANUARY 1, 2018

COVER LETTER

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

SUBJECT: Amazing Grace Anointed Temple Of God 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: Yolanda B. Bran-Hay
Name (Printed or typed)

12487 Bark Trail Rd.
Address

Talla. Fla. 32309
City, State & Zip

(850) 459-5119
Daytime Telephone number

brook845@mymail.tcc.fl.edu
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: Amazing Grace Anointed Temple Of God Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3905 Crawfordville Rd.
Tallahassee 32305 A-13

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Church, win souls, feed the homeless, preach the gospel, Outreach ministry

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

board meeting with members

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yolanda B. Bramley-Pastor

Address: 12487 Back Trail Rd
Tallah. Fla. 32309

Name and Title: Patricia McClenahan

Address: 12487 Back Trail Rd
Tallah. Fla. 32309

Name and Title: Lorrell Bramley Jr.-Elder

Address: 12487 Back Trail Rd
Tallahassee Fla. 32309

Name and Title: Crystal Fryson

Address: 12487 Back Trail Rd
Tallahassee, Fla. 32309
Vice-President

Name and Title: Jasmine Taylor-Evangelist

Address: 3905 Crawfordville Rd
Tallah. Fla 32305 A-13
Secretary

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: Yolanda B. Brantley
Address: 3905 Cranford Rd A-13
Tallahassee, Fla. 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Yolanda B. Brantley
Address: 3905 Cranford Rd
Tallah. Fla. 32305 A-13

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/01/18 (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

Yolanda B. Brantley
Required Signature of Registered Agent

12/14/17
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.

Yolanda B. Brantley
Required Signature of Incorporator

12/14/17
Date