

218000001625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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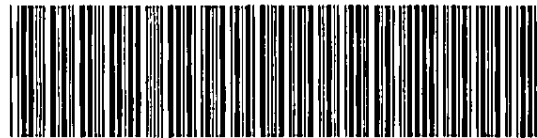
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. PAGE  
FEB 14 2018

## COVER LETTER

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

**SUBJECT:** Trusting in The Lord Ministries, 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:** Timothy L Russell  
\_\_\_\_\_  
Name (Printed or typed)

397 South Marion Avenue  
\_\_\_\_\_  
Address

Lake City, FL 32025  
\_\_\_\_\_  
City, State & Zip

386-752-0004  
\_\_\_\_\_  
Daytime Telephone number

tlrussell5055@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)

**ARTICLE I NAME**

The name of the corporation shall be: Trusting in The Lord Ministries, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

397 South Marion Avenue

Lake City, FL 32025

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: exclusively 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 corresponding section of any future federal tax code.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: By Appointment

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Guy N Williams President

Address: 397 South Marion Avenue

Lake City, FL 32024

Name and Title: Timothy L Russell VP-Treasurer

Address: 153 SW Long Leaf Drive

Lake City, FL 32024

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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: Guy N Williams  
Address: 397 South Marion Avenue  
Lake City, FL 32025

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**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Timothy L Russell  
Address: 153 SW Long Leaf Drive  
Lake City, FL 32024

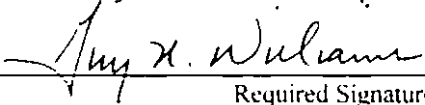
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 02/08/2018 (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.)

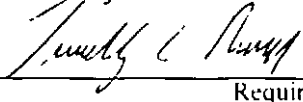
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
Required Signature of Registered Agent

02/08/2018  
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

02/08/2018  
Date