18000004168

(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:				

Office Use Only

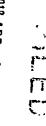
APR 1 6 2018



900311371529

04/09/18--01028--005 **78.75





COVER LETTER

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

SUBJECT: Spirit MACK Life Ministries, (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)	Inc
---	-----

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00 Filing Fee

578.75 Filing Fee &

Certificate of

Status

□\$78.75
Filing Fee
& Certified Copy

\$87.50

Filing Fee, Certified Copy

Ę,

& Certificate

ADDITIONAL COPY REQUIRED

Name (Printed or typed)

2212 Brizn Lekes Dr. Est

Jecksunrille Fe 32221 City, State & Zip

904-735-2081

Daytime Telephone number

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 corpora		Spirit /	Made Cita	E Minis	Stries	Inc	د
ARTICLE II PRINC	CIPAL OFFICE	,			_		
	ipal <u>street</u> address: Brian (eks)	or E26+	Mailing addre	ess, if different is:			
Jecks	nulla FC 32	zz) _				<u></u>	
in nature 2s the Przisr, keaders of good of	the corporation is organized is Christ 2 rou Christ 2 rou Thundstuns! Norship oler end member	na the ntries. (doctrine ne, tr ers to Jesus (Lhlizing Lhlizing to to zin ar Share	the gest Lore	hes B, bi Dreac Lip Dspel D.	h, 	
	NER OF ELECTION The m		appointe	POL DIZ	the c	STRE	&J S
	nmie Tall Pro Z Brizn Gles Ksonville FC		e:		 		
Address	istine Hughes 13 Cedar hill I leen TX 7	Address:	e:	TALLAHASSE	2018 APR -9		!
Name and Title: Page Address 22	ge Tzff, Se 12 Bran Lus I Kunville, Fr 3	Name and Titl Address:	rer Secretain	E.F.Chalba	24 OF STATE		

Name and Title:	Name and Title:					
Address	Address:					
Name and Title:	Name and Title:					
Address						
Audiess						
	· · · · · · · · · · · · · · · · · · ·					
ARTICLE VI REGISTERED AGENT						
The name and Florida street address (P.O. Box NOT accept						
Name: Zmmie. Z						
	address: 2212 Bn=n (ekes D. East					
Jecksin 111c F	_3222					
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:						
Name: Tammié Taff	<u>. </u>					
Address: ZZIZ Brizn (ekrs D. East					
Address: ZZIZ Brizn (= Jecl Connile F(
ARTICLE VIII EFFECTIVE DATE:						
Effective date, if other than the date of filing:	. (OPTIONAL) nd cannot be more than five days prior or 90 days after the filing.)					
(If an effective date is listed, the date mast be specific an	a came of more than the days prior of ye days are the day are ago					
Note: If the date inserted in this block does not meet the ap document's effective date on the Department of State's reco	oplicable statutory filing requirements, this date will not be listed as the					
document's effective date on the Department of State's reco	яих.					
	of process for the above stated corporation at the place designated in this					
certificate, am familiar with and accept the appointment a						
Require Signature of Registered	3. 30 - 20K Date					
	ein 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.					
Jane Total	7.30.2018 porator Date					
Required Signature of Incor	porator Date					
\sim						