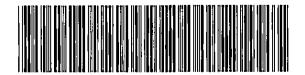
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| (Re | equestor's Name) | | | |
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| (Ad | ldress) | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | MAIT | MAIL | | |
| (Bu | siness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

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

| SUBJECT: UI | 10 Sangri | e Corp. | | |
|--|--|--------------------------------------|--|--|
| , - | | PRATE NAMÉ – <u>MÚST INC</u> | | |
| ☐ \$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 CO | PY REQUIRED | |
| FROM: Tommie Lee Davis T. Name (Printed or typed) | | | | |
| 6295 SW 144th Ln Rd. | | | | |

Ocala Fe. 34473
City, State & Zip

352 - 355 - 0773

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) |
|--|
| The name of the corporation shall be: UNO Sangre Corp |
| ARTICLE II PRINCIPAL OFFICE |
| Principal street address: 6295 Sw 144th LnRd P.O Hoy 7770175 5 |
| Ocala Fe. 34473 Ocala Fe. 34474 |
| |
| The purpose for which the corporation is organized is: To Whorship God (IAM) |
| The To fufill The great Commission |
| to glorify GOD, To Draw people into a Saving |
| relationship with GOD the tather trough his |
| Son Jesus Christ in the power of the Holy Spirit |
| Acts 17:24 KTV. To Live Infeace |
| With all Men |
| In the By Laws |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS |
| Name and Title Tommie L Davis J. Pastor Name and Title: Teanette Davis Secutary |
| Address 6295 SW144th Likd Address: 6295 SW144th Lin Rd |
| Ocala Ft. 34473 Cala Ft. a 34473 |
| Name and Title: Tustin Davis Treasurate and Title: Winston Davis UP |
| Address 2710 forcest hill Blvd Address: 5681 Eden Field Rd |
| Apt 104 Coral Springs Apt 1011 |
| P2 33065 Tacksonville PC |
| Name and Title: Name and Title: 32377 |
| Address:Address: |
| |

| Name and Title: | Name and Title: | • |
|---|--|--|
| Address | Address: | |
| | | |
| | | |
| Name and Title: | Name and Title: | |
| | Address: | |
| | | - 一切 NA 作版 (4) 。 |
| | | ************************************** |
| | | |
| ARTICLE VI REGISTERED AG | GENT | |
| The name and Florida street address | ss (P.O. Box NOT acceptable) of the registered agent is: | |
| Name: Joninie | L Davis Ir Pastor | |
| Address: 6295 S | L Davis Tr Pastor Sw 144th In Rd | |
| Ocala | FL 34473 | |
| | | • |
| ARTICLE VII INCORPORATOR The name and address of the Incorp | | |
| Name: Tommis | L Davis Tr | |
| Address: 6295. | EL Davis Jr Sw 144th In Rd | |
| Nedicss. Ocala | FL 34473 | |
| ocura | 00 3///3 | $\partial v = - (v_0 + v_2) + v_3 + v_4$ |
| ARTICLE VIII EFFECTIVE DA Effective date, if other than the date | TE: of filing: | |
| | ate must be specific and cannot be more than five days prior or 9 | 00 days after the filing.) |
| Note: If the date inserted in this blo | ock does not meet the applicable statutory filing requirements, this date | to will not be listed as the |
| document's effective date on the De | | ic will not be fisted as the |
| Having haan named as rainistared a | gent to accept service of process for the above stated corporation is | at the place decirement in this |
| | izent to accept service of process for the above stated corporation to ccept the appointment as registered agent and agree to act in this cap | |
| Tommie lu. | Davis fr. # | 7/2/2018 |
| Required | Signature of Registered Agent | Date |
| I submit this document and affirm to | hat the facts stated herein are true. I am aware that any false informes a third degree felony as provided for in s.817.155, F.S. | nation submitted in a document |
| Sommie Pee l | Q | 7/2/2010 |
| V | uired Signature of Incorporator | Date |