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2018 JUL -2 AM 11:45  
DEPT. OF STATE  
ATT. AMASSEE, TN 37139

## COVER LETTER

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

SUBJECT: UNO Sangre Corp.  
(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: Tommie Lee Davis Jr.  
Name (Printed or typed)

6295 SW 144<sup>th</sup> Ln Rd.  
Address

Ocala Fl. 34473  
City, State & Zip

352-355-0773  
Daytime Telephone number

davisat7@yahoo.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)

2018 JUL -2 AM 11:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

ARTICLE I NAME

The name of the corporation shall be: UNO Sangre Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address:

6295 SW 144<sup>th</sup> Ln Rd  
Ocala Fl. 34473

Mailing address, if different is:

P.O Box 772011  
Ocala Fl. 34474

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Whorship GOD (I AM)  
The To fulfill The great Commission  
to glorify GOD, To Draw people into a saving  
relationship With GOD the Father trough his  
Son Jesus Christ in the power of the Holy Spirit  
Acts 17:26 KJV. To Live In Peace  
With all men

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As stated  
In the By Laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Tommie L Davis Jr Pastor</u>	Name and Title:	<u>Jeanette Davis Secutary</u>
Address:	<u>6295 SW 144<sup>th</sup> Ln Rd</u> <u>Ocala Fl. 34473</u>	Address:	<u>6295 SW 144<sup>th</sup> Ln Rd</u> <u>Ocala Fla 34473</u>

Name and Title:	<u>Justin Davis Treasure</u>	Name and Title:	<u>Winston Davis VP</u>
Address:	<u>2710 Forresthill Blvd</u> <u>Apt 104 Coral Springs</u> <u>Fl 33065</u>	Address:	<u>5681 Edenfield Rd</u> <u>Apt 1011</u> <u>Jacksonville Fl</u>

Name and Title:	_____	Name and Title:	<u>32377</u>
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Address:	_____	Address:	_____
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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: Tommie L Davis Jr Pastor

Address: 6295 SW 144th Ln Rd  
Ocala FL 34473

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Tommie L Davis Jr

Address: 6295 SW 144th Ln Rd  
Ocala FL 34473

**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 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*

Tommie Lee Davis Jr.

Required Signature of Registered Agent

7/2/2018

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.*

Tommie Lee Davis Jr.

Required Signature of Incorporator

7/2/2018

Date