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COVER LETTER

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

FROM: _

SUBJECT:	LATTER RAIN REVIVAL INC.				
	(PROPOSED CORP	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)		
Enclosed is an original a	and one (1) copy of the Ar	ticles of Incorporation and	a check for:		
\$70.00	□ \$78.75	□\$78.75	\$87.50		
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate		
		ADDITIONAL COPY REQUIRED			
1:D 0 \ 4	TIMOTHY ALLEN BRO	OWN			

14505 NW ANDY ROBERSON RD

BRISTOL, FL 32321

mylilgrace15@gmail.com

(850) 628-2682

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

Name (Printed or typed)

Address

City, State & Zip

Daytime Telephone number

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

The name of	The corporation shall be:	REVIVAL INC	· · · · · · · · · · · · · · · · · · ·	
	I PRINCIPAL OFFICE			
176	Principal <u>street</u> address: 081 NE SR 65 SOUTH HOSFORD, FL 32334	145	Mailing address, if different is: 05 NW ANDY ROBERSON RD BRIST	OL. FL 32321
The purpose MEET ANI	H PURPOSE For which the corporation is organized is: D WORSHIP ON A REGULAR BASIS, IT IS. DISCIPLESHIP, TEACHING AND PREPERA	ALSO TO MEET	FOR SPECIAL SERVICES FOR FELL	LOWSHIP ,
<u>ARTICLE I</u>	V MANNER OF ELECTION The manner	r in which the dire	rectors are elected and appointed:	- 5. - 1.1
<u>ARTICLE 3</u>	/ INITIAL OFFICERS AND/OR DIRECTO	<u>ORS</u>	=:	() ()
Address	itle:TIMOTHY BROWN -PASTOR-BOARD	Name and Title	JENNINFER BROWN- SECRETARY	
	14505 NW ANDY ROBERSON RD	Address:	14505 NW ANDY ROBERSON RD	
	BRISTOL, FL 32321	-	BRISTOL.FL 32321	
Name and T	CHRIS PEDDIE - BOARD	Name and Title	MELISSA PEDDIE-TREASURER	
Address	5547 NW CR 270		5547 NW CR 270	
	BRISTOL, FL 32321	- Muless.	BRISTOL, FL 32321	
Name and T	itle: MICHAEL AMMONS- BOARD	Name and Title		
Address	7544 NW CHATTAHOOCHEE CIRCLE	Address:		
	BRISTOL, FL 32321			

Name and Title:_		Name and Title:	
Address _		Address:	
_			
Name and Title:_		Name and Title:	
Address	<u> </u>	Address:	
_			
- -			
	REGISTERED AGENT		
Name:	orida street address (P.O. Box NOT acc MELISSA PEDDIE	eptable) of the registered age	nt is:
Address:	5547 NW CR 270		
Address.	BRISTOL, FL 32321	 [
	INCORPORATOR		
	Idress of the Incorporator is: TIMOTHY A. BRO	WN	
Name:	14505 NW ANDY ROBE	 ,	
Address:	BRISTOL, FL 3232		
	DKISTOL, 1 L 3232	<u> </u>	
	EFFECTIVE DATE: other than the date of filing:	tOb	TIONAL)
			re days prior or 90 days after the filing.)
Note: If the date	incortad in this blook done not must the	annligghla statutom: Gliag sag	uirements, this date will not be listed as the
	tive date on the Department of State's rec		uncheris, this date will not be used as the
	ned as registered agent to accept service amiliar with and accept the appointment		ated corporation at the place designated in the e to act in this capacity
N/01	ing Problem		07/20/2018
	Required Signature of Registere	d Agent	Date
/	required Signature of Registere		17th¢
I submit this doci	iment and affirm that the facts stated her	rein are true. I am aware tha	t any false information submitted in a documen
I submit this doct to the Departmen		rein are true. I am aware tha	t any false information submitted in a documen