## N2000008179

(Red	questor's Name)	
(Ádo	dress)	
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(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Dox	cument Number)	·
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
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2020 MAY 22 PH I2: 27

## **COVER LETTER**

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

SUBJECT: Glorification by God 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

\$87.50

Filing Fee

Filing Fee.

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Tricia-Gay Newman
Name (Printed or typed)

628 Cimarosa Ct

Ocoe FL 34761
City, State & Zip

407 - 501 - 9004

Daytime Telephone number

910rification by God o: 9 mail Com E-mail address: (to be used for future annual report notification)

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

2020 MAY 22 PM 12: 27

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

The name of the	ne corporation shall be: Glocification	by God INC
ARTICLE II	PRINCIPAL OFFICE	
6	Principal <u>street</u> address: 38 <u>CimaroSa</u> <u>C+</u>	Mailing address, if different is: 628 Cimarosa C4
<u>O</u> c	Dec FL 34761	Ocoe FL 34761
ARTICLE III The purpose f	PURPOSE  or which the corporation is organized is:	Durpose of this
Organ	ization is the glori	purpose of this fication of God in all
DUCSU	its of life. Spreading	the Gospel of Jesus
Chris	st nation wide one	T.Shirt at a time.
	,	
ARTICLE IV	MANNER OF ELECTION The manner in wh	nich the directors are elected and appointed: <u>VP,SH</u>
		<u> </u>
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS	
Name and Tit	le: Tricia-Gay Newman Nam	ress: <u>628 Cimarosa</u> CVP)
Address	628 Cimanosa Ct Add	ress: 628 Cimarosact
	Drope FL 34761	Ocoee FL 34761
Name and Tit	le: Kason Hansle (SH) Nam	ne and Title: Akaylia Newman (SH)
Address	629 Cimarosact Add	ress: 628 Cimanosa Ct
		Ocoee FL 34761
Name and Tit	le: Cameron Newman (SH)	ne and Title:
Address	628 Cimarosa Ct Add	ress: T. N
	Oldee FL 34761	PH IZ

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 accept	·	
Name: Tricia-Gay News	<u>nga</u>	
Address: 628 Cimarosa	<u>c.+</u>	
000er FL 347	61	
	<u> </u>	20
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:	<u> </u>	
•		F []
Name: Tricia-Gay Newmon	<u>913</u>	;
	1 * [	
000ee FL 347	<u>101</u>	PH 12: 2
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	2 0.000 (OPEIONAL)	7
(If an effective date is listed, the date must be specific an	nd 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 appropriate of State in the Department of State in the		: listed as the
document's effective date on the Department of State's reco	ords.	
Having been named as registered agent to accept service certificate, I am familiar with and accept the appointment as		designated in this
J Newman	May 20	2020
D Newman Required Signature of Registered	Agent Date /	_ <del></del>
I submit this document and affirm that the facts stated herei the Department of State constitutes a third degree felony as		l in a document to
DNewman	may 20	2020
Required Signature of Incor	rporator Date	<del> </del>