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(Requestor's Name)

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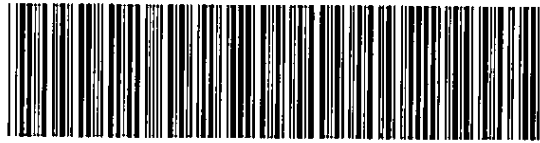
(Business Entity Name)

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07/23/20--01033--002 \*\*78.00

Derrick Thompson

## COVER LETTER

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

SUBJECT: Valor Media

*Corporation*

(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: Michael Stover  
Name (Printed or typed)

933 Spring Oak Drive  
Address

Melbourne, FL 32901  
City, State & Zip

321-914-7256  
Daytime Telephone number

michaelstover2019@gmail.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)

**ARTICLE I NAME**

The name of the corporation shall be: Valor Media Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

933 Spring Oak Drive

Melbourne, FL 32901

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to spread the Christian worldview through media, education, conferences,

and services in the spirit of Christ's valor. We do this by influencing the areas of life and culture and endeavoring to further the

well-being of individuals by providing for their mind, heart, soul, and body. The corporation is organized exclusively for charitable,

religious, educational, and scientific purposes, including for such purposes, the making of distributions to organizations that qualify

as exempt under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: provided in bylaws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Michael Stover, President

Address: 933 Spring Oak Drive

Melbourne, FL 32901

Name and Title: Sarah Stover, Vice President

Address: 933 Spring Oak Drive

Melbourne, FL 32901

Name and Title: Sarah Malcangi, Secretary

Address: 654 Tammara Lane

Grand Junction, CO 81505

Name and Title: Cynthia Hampton, Treasurer

Address: 12240 Glynn Ave

Downey, CA 90242

Name and Title: Tim McGrew, Director

Address: 1528 Cambridge Drive

Kalamazoo, MI 49001

Name and Title: Georges Carillet, Director

Address: 933 Spring Oak Drive

Melbourne, FL 32901

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: Michael Stover

Address: 933 Spring Oak Drive

Melbourne, FL 32901

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Michael Stover

Address: 933 Spring Oak Drive

Melbourne, FL 32901

**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*

Michael Stover II  
Required Signature of Registered Agent

07/10/2020  
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.*

Michael Stover II  
Required Signature of Incorporator

07/10/2020  
Date

Juan Stover

**Articles of Incorporation**  
**VALOR MEDIA CORPORATION**  
**ADDITIONAL PROVISIONS**

**ARTICLE IX DISSOLUTION CLAUSE:** Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

**ARTICLE X INUREMENT OF INCOME:** No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes of this corporation.

**ARTICLE XI LEGISLATIVE OR POLITICAL ACTIVITIES:** No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, this corporation shall not, except to an insubstantial degree, engage in any activities or exercise any powers that are not in furtherance of the purposes of this corporation.

**Streamlined Application for Recognition of Exemption  
Under Section 501(c)(3) of the Internal Revenue Code**

Do not enter Social Security numbers on this form as it will be made public.

Information about Form 1023-EZ and its separate instructions is at [www.irs.gov/form1023](http://www.irs.gov/form1023)**Note:** If exempt status is approved,  
this application will be open for  
public inspection.

- ☒ **Check this box to attest that you have completed the Form 1023-EZ Eligibility Worksheet in the current instructions, are eligible to apply for exemption using Form 1023-EZ, and have read and understand the requirements to be exempt under section 501(c)(3).**

Have your annual gross receipts exceeded \$50,000 in any of the past 3 years and/or do you project that your annual gross receipts will exceed \$50,000 in any of the next 3 years? If yes, stop. Do not file Form 1023-EZ. See Instructions. ☐ Yes ☒ No

Do you have total assets the fair market value of which is in excess of \$250,000? If yes, stop. Do not file Form 1023-EZ. See Instructions. ☐ Yes ☒ No

**Part I Identification of Applicant**

<b>1a</b> Full Name of Organization VALOR MEDIA CORPORATION		<b>b</b> Care Of Name (if applicable)	
<b>c</b> Mailing Address (number, street, and room/suite). If a P.O. box, see instructions. 933 SPRING OAK DR		<b>d</b> City MELBOURNE	<b>e</b> State FL
		<b>f</b> Zip code + 4 32901-7756	
<b>2</b> Employer Identification Number 85-1405059	<b>3</b> Month Tax Year Ends (MM) 12	<b>4</b> Person to Contact if More Information is Needed MICHAEL STOVER	
<b>5</b> Contact Telephone Number 321-914-7256		<b>6</b> Fax Number (optional)	<b>7</b> User Fee Submitted \$275.00
<b>8</b> List the names, titles, and mailing addresses of your officers, directors, and/or trustees. (If you have more than five, see instructions.)			
First Name: MICHAEL		Last Name: STOVER	
		Title: PRESIDENT	
Street Address: 933 SPRING OAK DR		City: MELBOURNE	State: FL
		Zip code + 4: 32901-7756	
First Name: SARAH		Last Name: STOVER	
		Title: VICE PRESIDENT	
Street Address: 933 SPRING OAK DR		City: MELBOURNE	State: FL
		Zip code + 4: 32901-7756	
First Name: CYNTHIA		Last Name: HAMPTON	
		Title: TREASURER	
Street Address: 12240 GLYNN AVE		City: DOWNEY	State: CA
		Zip code + 4: 90242-3626	
First Name: SARAH		Last Name: MALCANGI	
		Title: SECRETARY	
Street Address: 654 TAMMERA LN		City: GRAND JUNCTION	State: CO
		Zip code + 4: 81505-4845	
First Name:		Last Name:	
		Title:	
Street Address:		City:	State:
		Zip code + 4:	
<b>9a</b> Organization's Website (if available): <a href="http://WWW.VALORMEDIACONFERENCES.COM">WWW.VALORMEDIACONFERENCES.COM</a>			
<b>b</b> Organization's Email (optional):			

**Part II Organizational Structure**

- 1** To file this form, you must be a corporation, an unincorporated association, or a trust. **Select the box** for the type of organization.  
☒ Corporation ☐ Unincorporated association ☐ Trust
- 2** ☒ **Check this box** to attest that you have the organizing document necessary for the organizational structure indicated above.  
(See the instructions for an explanation of **necessary organizing documents**.)
- 3** Date incorporated if a corporation, or formed if other than a corporation (MMDDYYYY): 06122020
- 4** State of Incorporation or other formation: Florida
- 5** Section 501(c)(3) requires that your organizing document must limit your purposes to one or more exempt purposes within section 501(c)(3).  
☒ **Check this box** to attest that your organizing document contains this limitation.
- 6** Section 501(c)(3) requires that your organizing document must not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.  
☒ **Check this box** to attest that your organizing document does not expressly empower you to engage, otherwise than as an insubstantial part of your activities, in activities that in themselves are not in furtherance of one or more exempt purposes.
- 7** Section 501(c)(3) requires that your organizing document must provide that upon dissolution, your remaining assets be used exclusively for section 501(c)(3) exempt purposes. Depending on your entity type and the state in which you are formed, this requirement may be satisfied by operation of state law.  
☒ **Check this box** to attest that your organizing document contains the dissolution provision required under section 501(c)(3) or that you do not need an express dissolution provision in your organizing document because you rely on the operation of state law in the state in which you are formed for your dissolution provision.

**Part III Your Specific Activities**

- 1 Briefly describe the organization's mission or most significant activities (limit 250 characters)

To spread the Christian worldview through media, education, conferences, and services in the spirit of Christ's valor. We influence areas of life and culture and further the well-being of people by providing for their mind, heart, soul, and body.

- 2 Enter the appropriate 3-character NTEE Code that best describes your activities (See the instructions):

X80

- 3 To qualify for exemption as a section 501(c)(3) organization, you must be organized and operated exclusively to further one or more of the following purposes. By checking the box or boxes below, you attest that you are organized and operated exclusively to further the purposes indicated.
- Check all that apply.**

- ☒ Charitable
 ☒ Religious
 ☒ Educational  
☒ Scientific
 ☒ Literary
 ☐ Testing for public safety  
☐ To foster national or international amateur sports competition
 ☒ Prevention of cruelty to children or animals

- 4 To qualify for exemption as a section 501(c)(3) organization, you must:

- ☐ Refrain from supporting or opposing candidates in political campaigns in any way.
- ☐ Ensure that your net earnings do not inure in whole or in part to the benefit of private shareholders or individuals (that is, board members, officers, key management employees, or other insiders).
- ☐ Not further non-exempt purposes (such as purposes that benefit private interests) more than insubstantially.
- ☐ Not be organized or operated for the primary purpose of conducting a trade or business that is not related to your exempt purpose(s).
- ☐ Not devote more than an insubstantial part of your activities attempting to influence legislation or, if you made a section 501(h) election, not normally make expenditures in excess of expenditure limitations outlined in section 501(h).
- ☐ Not provide commercial-type insurance as a substantial part of your activities.

☒ Check this box to attest that you have not conducted and will not conduct activities that violate these prohibitions and restrictions.

- 5 Do you or will you attempt to influence legislation? \_\_\_\_\_ ☐ Yes ☒ No  
(If yes, consider filing Form 5768. See the instructions for more details.)
- 6 Do you or will you pay compensation to any of your officers, directors, or trustees? \_\_\_\_\_ ☐ Yes ☒ No  
(Refer to the instructions for a definition of **compensation**.)
- 7 Do you or will you donate funds to or pay expenses for individual(s)? \_\_\_\_\_ ☐ Yes ☒ No
- 8 Do you or will you conduct activities or provide grants or other assistance to individual(s) or organization(s) outside the United States? \_\_\_\_\_ ☐ Yes ☒ No
- 9 Do you or will you engage in financial transactions (for example, loans, payments, rents, etc.) with any of your officers, directors, or trustees, or any entities they own or control? \_\_\_\_\_ ☐ Yes ☒ No
- 10 Do you or will you have unrelated business gross income of \$1,000 or more during a tax year? \_\_\_\_\_ ☐ Yes ☒ No
- 11 Do you or will you operate bingo or other gaming activities? \_\_\_\_\_ ☐ Yes ☒ No
- 12 Do you or will you provide disaster relief? \_\_\_\_\_ ☐ Yes ☒ No

**Part IV Foundation Classification**

**Part IV is designed to classify you as an organization that is either a private foundation or a public charity. Public charity status is a more favorable tax status than private foundation status.**

- 1 Are you applying for recognition as a church, school, or hospital (described in section 170(b)(1)(A)(i), (ii), or (iii) of the Internal Revenue Code)? If yes, stop. Do not file Form 1023-EZ. See Instructions ☐ Yes ☒ No
- 2 If you qualify for public charity status, check the appropriate box (2a - 2c below) and skip to **Part V** below.
- a ☐ Select this box to attest that you normally receive at least one-third of your support from public sources or you normally receive at least 10 percent of your support from public sources and you have other characteristics of a publicly supported organization. **Sections 509(a)(1) and 170(b)(1)(A)(vi).**
- b ☒ Select this box to attest that you normally receive more than one-third of your support from a combination of gifts, grants, contributions, membership fees, and gross receipts (from permitted sources) from activities related to your exempt functions and normally receive not more than one-third of your support from investment income and unrelated business taxable income. **Section 509(a)(2).**
- c ☐ Select this box to attest that you are operated for the benefit of a college or university that is owned or operated by a governmental unit. **Sections 509(a)(1) and 170(b)(1)(A)(iv).**
- 3 If you are not described in items 2a - 2c above, you are a private foundation. As a private foundation, you are required by section 508(e) to have specific provisions in your organizing document, unless you rely on the operation of state law in the state in which you were formed to meet these requirements. These specific provisions require that you operate to avoid liability for private foundation excise taxes under sections 4941-4945.
- ☐ Select this box to attest that your organizing document contains the provisions required by section 508(e) or that your organizing document does not need to include the provisions required by section 508(e) because you rely on the operation of state law in your particular state to meet the requirements of section 508(e). (See the instructions for explanation of the section 508(e) requirements.)

**Part V Reinstatement After Automatic Revocation**

Complete this section only if you are applying for reinstatement of exemption after being automatically revoked for failure to file required annual returns or notices for three consecutive years, and you are applying for reinstatement under section 4 or 7 of Revenue Procedure 2014-11. (Check only one box.)

- 1 ☐ Check this box if you are seeking retroactive reinstatement under section 4 of Revenue Procedure 2014-11. By checking this box, you attest that you meet the specified requirements of section 4, that your failure to file was not intentional, and that you have put in place procedures to file required returns or notices in the future. (See the instructions for requirements.)
- 2 ☐ Check this box if you are seeking reinstatement under section 7 of Revenue Procedure 2014-11, effective the date you are filing this application.

**Part VI Signature**

☒ I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, and to the best of my knowledge it is true, correct, and complete.

MICHAEL STOVER

(Type name of signer)

PRESIDENT

(Type title or authority of signer)

07052020

(Date)