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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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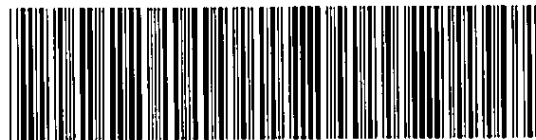
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: Aspire Community Church, Incorporated
(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: Krystal Merthie-Smith
Name (Printed or typed)

110 West First Street, Suite 214
Address

Sanford, Florida 32771
City, State & Zip

407-731-0405
Daytime Telephone number

kdmsmith3667@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: Aspire Community Church, Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address:

110 West First Street, Suite 214
Sanford, Florida 32771

Mailing address, if different is:

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The corporation is organized exclusively for charitable, religious and educational purposes, that qualify in regards to exempt organizations under Section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code. The corporation intends to provide religious and spiritual education, teaching and training of individuals, pastors and other church leaders.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: The number of directors may be either increased or diminished by the Board of Directors in accordance with the Bylaws of the Corporation, but there shall always be at least
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS (3) directors.

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Krystal Merthie-Smith
 Address: 110 West First Street, Suite 214
Sanford, Florida 32171

ARTICLE VII INCORPORATOR

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

Name: Krystal Merthie-Smith
 Address: 110 West First Street, Suite 214
Sanford, Florida 32171

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5/28/21 (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

Krystal Merthie-Smith
 Required Signature of Registered Agent

5/28/21
 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.

Krystal Merthie-Smith
 Required Signature of Incorporator

5/28/21
 Date