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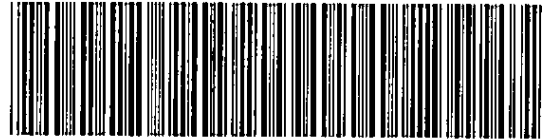
(Business Entity Name)

(Document Number)

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Signature

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SECURITY
TALLAHASSEE

✓

COVER LETTER

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

SUBJECT: THE WORSHIP ARTS INVOLVEMENT, 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
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: JAY SANDIFER
Name (Printed or typed)

7 OAK BROOK DR
Address

ORMOND BEACH FL 32174
City, State & Zip

715-340-4499
Daytime Telephone number

JbSandifer@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: THE WORSHIP ARTS INVOLVEMENT, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

7 OAK BROOK
ORMOND BEACH FL
32174

Mailing address, if different is:

2021 NOV - 9 AM 5:11
SECRETARY OF STATE
TALLAHASSEE, FL 32399

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The Corporation is organized for
exclusively, Religious, charitable educational & Scientific purposes
within the meaning of Section 501(c)(3) of The Internal Revenue Code, or the
Corresponding provision of Any Future United States Internal Revenue Law
including, for such purposes, the making of contributions distributions to
organizations that qualify as exempt organizations under said Section 501(c)(3),
if the Internal Revenue Code of 1986. Specifically, The Corporation shall engage in providing
ministry & fine arts education to the public permitted under the laws of the U.S. & State of FL

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: as provided

and as stated in bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAY SANDIFER, PREZ

Address: 7 OAK BROOK DR
ORMOND BEACH
FL 32174

Name and Title: Jeff Ferguson, T

Address: 7 OAK BROOK DR
ORMOND BEACH FL
FL 32174

Name and Title: Math McKeown, D

Address: 7 OAK BROOK DR
ORMOND BEACH
FL 32174

Name and Title: SHERRY SANDIFER, SEC

Address: 7 OAK BROOK DR
ORMOND BEACH
FL 32174

Name and Title: Stephen Hogue, D

Address: 7 OAK BROOK DR
ORMOND BEACH FL
FL 32174

Name and Title: JACQUE DESTETLER, D

Address: 7 OAK BROOK DR
ORMOND BEACH
FL 32174

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: JAY SANDIFER
 Address: 7 OAK BROOK DR
ORMOND BEACH FL 32174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JAY SANDIFER
 Address: 7 OAK BROOK DR
ORMOND BEACH FL 32174

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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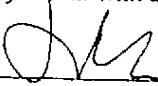
ARTICLE VIII EFFECTIVE DATE:

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.)

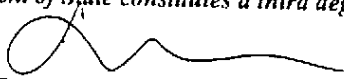
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


 Required Signature of Registered Agent

11/1/21
 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.


 Required Signature of Incorporator

11/1/21
 Date

Articles of Incorporation of The Worship Arts Involvement, INC

The undersigned subscriber to these Articles of Incorporation is a natural person competent to contract and hereby form a Non-Profit Corporation under Chapter 607 of the Florida Statutes.

Article I Name

The name of the Corporation is THE WORSHIP ARTS INVOLVEMENT, INC, (hereinafter, "Corporation")

Article II Principal Office

The address of the principal office of this Corporation is 7 Oak Brook Dr, Ormond Beach, FL 32174 and the mailing address is the same.

Article III Purpose

The Corporation is organized for exclusively religious, charitable, educational, and scientific purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or the corresponding provision of any future United States Internal Revenue Law, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under said Section 501(c)(3) of the Internal Revenue Code of 1986. Specifically, the Corporation shall engage in providing ministry and fine arts education to the public permitted under the laws of the United States and of the State of Florida.

Article IV Manner of Election

The manner in which the directors are elected or appointed is provided in the bylaws of the corporation.

Article V Initial Directors and/or Officers

President: Jay Sandifer

Secretary: Sherry Sandifer

Treasurer: Jeff Ferguson

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SECRETARY'S OFFICE
TALLAHASSEE, FL

Director: Matt McKeown

Whose mailing addresses shall be the same as the principal office of the Corporation.

Article VI

The name and street address of the initial Registered Agent of this Corporation is:

Jay Sandifer
7 Oak Brook Dr
Ormond Beach, FL 32174


Article VII

The name and street address of the Incorporator of this Corporation is:

Jay Sandifer
7 Oak Brook Dr
Ormond Beach, FL 32174

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.

Signature of Registered Agent

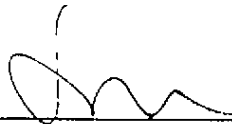


Date

10/28/21

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.

Signature of Incorporator



Date

10/28/21

FILED
2021 NOV -8 AM 5:11
SECRETARY OF STATE
TALLAHASSEE, FL