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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

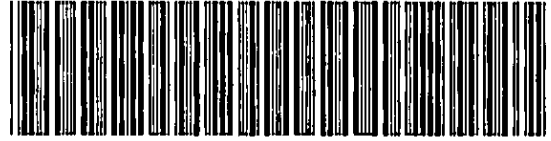
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: Spirit of Truth Tabernacle No. LXXI, 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: H. Warren Almond, Jr.
Name (Printed or typed)

2842 Magnolia Blossom Lane
Address

Marianna, FL 32446-6394
City, State & Zip

850-209-0998
Daytime Telephone number

dd89963@gmail.com
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: Spirit of Truth Tabernacle No. LXXI, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2842 Magnolia Blossom Lane

Marianna, FL 32446-6394

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Fraternal Relationships and charity.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: in accordance with ByLaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: H. Warren Almand, Jr., Director

Address: 2842 Magnolia Blossom Lane
Marianna, FL 32446-6394

Name and Title: Charles G. Sipes, Director

Address: 3304 Nortek Blvd.
Marianna, FL 32448-9270

Name and Title: Henry A. Adams, Director

Address: 605 N. Ramona Ave.
Indianapolis, FL 32903-4229

Name and Title: William R. Jacobs, Director

Address: 8605 Eight Mile Creek Rd.
Pensacola, FL 32526-8761

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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: H. Warren Almond, Jr.

Address: 2842 Magnolia Blossom Lane
Marianna, FL 32446-6394

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: H. Warren Almond, Jr.

Address: 2842 Magnolia Blossom Lane
Marianna, FL 32446-6394

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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

H. Warren Almond, Jr.
Required Signature of Registered Agent

2/24/22
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.

H. Warren Almond, Jr.
Required Signature of Incorporator

2/24/22
Date