

N22000010235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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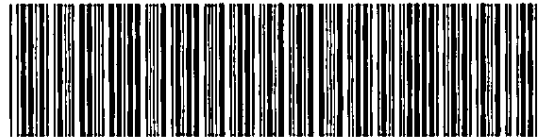
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32399

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COVER LETTER

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

SUBJECT: LIGHT OF THE SPIRIT 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: GAIL RICE
Name (Printed or typed)

P.O. Box 432
Address

REDDICK, FL 32686
City, State & Zip

(352) 425-1600
Daytime Telephone number

GCRICE79@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL 32314

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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: LIGHT OF THE SPIRIT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

13915 N. MAGNOLIA AVE.

P.O. Box 432

CITRA, FL 32113

REDDICK, FL 32686

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ADMINISTER PRINCIPLES OF DIVINE LOVE
AND SPIRITUALISM, AS SET FORTH BY JESUS CHRIST AND OTHER HOLY
TEACHERS, TO PROMOTE HEALTH AND WELL-BEING IN A HOLISTIC WAY
USING A MULTI-DISCIPLINARY APPROACH AND BIBLICAL PERSPECTIVE
RELYING ON ALL FORMS OF NATURE'S REMEDIES, METHODS AND MODALITIES.
TO ENGAGE IN SUCH OTHER BUSINESSES, WHETHER RELATED THERETO OR NOT,
AS MAY BE APPROVED BY THE BOARD OF DIRECTORS, AND WHICH ARE PERMITTED BY LAW.

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

APPOINTED BY PRESIDENT.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

REVEREND MOTHER

Name and Title: GAIL RICE, PRESIDENT Name and Title: ADAM RICE, TREASURER

Address: 13915 N MAGNOLIA AVE Address: 13915 N MAGNOLIA AVE

CITRA, FL 32113

CITRA, FL 32113

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: GAIL RICE
 Address: 13915 N. MAGNOLIA AVE
CITRA, FL 32113

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GAIL RICE
 Address: 13915 N. MAGNOLIA AVE
CITRA, FL 32113


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

8/15/22
 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.


 Required Signature of Incorporator

8/15/22
 Date

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 TALLAHASSEE, FLORIDA