

72200011548

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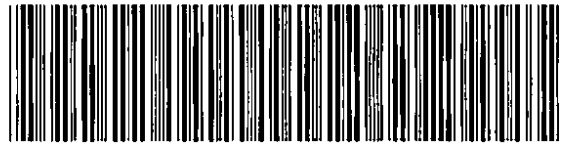
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OCT 10 2022



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2022 OCT 10 AM 11:30  
CLERK OF COURT  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Restoring Fire Holy Ghost Temple, 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: MARY LUCRENE MANUEL  
Name (Printed or typed)

4727 Crawfordville Rd Ste #2  
Address

Tallahassee, FL 32305  
City/State & Zip

850-728-8302  
Daytime Telephone number

restoringfireholychristtemple@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: Restoring Fire Holy Ghost Temple, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

~~4727 Crawfordville Rd Ste #2~~  
4727 Crawfordville Rd Ste #2  
Tallahassee, FL 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Church

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: President  
Vice President

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Mary Lucretia Manuel</u>	Name and Title: <u>Darrell Manuel VP</u>
Address: <u>280 John Knox Rd</u>	Address: <u>280 John Knox Rd</u>
<u>Apt 407</u>	<u>Apt 407</u>
<u>Tallahassee, FL 32303</u>	<u>Tallahassee, FL 32303</u>
Name and Title: <u>Alexsandria Morgan</u>	Name and Title: _____
Address: <u>4727 Crawfordville Rd</u>	Address: _____
<u>Ste #2</u>	_____
<u>Tallahassee, FL 32305</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

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DIVISION OF CORPORATIONS  
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C. J. ANTHONY VIDEO

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:

MARY LUEKENE MANUEL

Address:

280 John Knox Rd Apt 407  
Tallahassee, FL 32303

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

MARY LUEKENE MANUEL

Address:

280 John Knox Rd Apt 407  
Tallahassee, FL 32303

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10/10/2022 (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

Mary Luene Manuel  
Required Signature of Registered Agent

10/10/2022  
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.

Mary Luene Manuel  
Required Signature of Incorporator

10/10/2022  
Date