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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	——————————————————————————————————————	

Office Use Only



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SECRETARY OF STATE

COVER LETTER

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

Relocation of a Non-Profit Corporation to FL

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication \$50.00
Articles of Incorporation and Certified Copy
Total to domesticate and file \$78.75

OPTIONAL:

Certificate of Status

\$ 8.75

Kingdom Theri Fance Corporation

Name (printed or typed)

9694 Black Walnut Dr.

Address

Clermont, FL 34715

City, State & Zip

626-244-9669

Daytime Telephone Number

kolgcare 2012@gmail.com

E-mail address: (to be used for future annual report notification)

NOT FOR PROFIT CERTIFICATE OF DOMESTICATION

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rmed, incorporat	ed or otherwise
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\$50.00 \$78.75	2023 JAN 24 PM 2: 00 SECRETARY OF STATE TALLAMASSEE, FL
	oration, to be file of Living God al place of busine etion under appli i was 501(C)(3) of Interna mestication requ Sod If of the corporat

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S. (Not for Profit)

ARTICLE I NAME The name of the corporation shall be:	
Kingdom Inheritance C	arnorahina
	or porarroye
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address shall be:	
Principal Address	Mailing Address
9694 Black Walnut Dr. Clermont, FL34715	9694 Black Walnut Dr, Clermont, FL34715
ARTICLE III PURPOSE	
ARTICLE III PURPOSE The purpose for which the corporation is organized:	
Church, Religious-educational purposes, in	cluding for in-kind purposes.
To estabilsh and growing congregation for church and minist	
Charitable, the making of distributions to organizat	ions that qualify as exempt organizations.
Under section 501(c)(3) of the Internal Revenue C	ode which governs non-profit corporations.
To take charge of and manage all the property of said corpor	ration and affairs and temporalities thereof.
	202 SE
	AC 3
	SECRETARY I
	<u></u>

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or ap	ppointed:	
Appointed.		
ADDIOLD II INTERNATIONAL DESCRIPTION DE LA CONTRACTOR DE		
ARTICLE V INITIAL DIRECTORS AND, The name(s) and address(es) and specific title(s):	OR OFFICERS	
Title/Name	Title/Name	
Sarah Lee	Sarah Lee	
9694 Black Walnut Dr, Clermont, FL34715	9694 Black Walnut Dr, Clermont, FL34715	
Chief Executive Officer	Secretary	
l'itle/Name	Title/Name	
Sarah Lee		
9694 Black Walnut Dr, Clermont, FL34715		
Chief Financial Officer		
ornor i mariolal Officel		
	20: S.E.	
	SECRETAS TALLAS	
itle/Name	元氏 23	

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS		
The name and Florida street address (P.O. Box)	NOT acceptable) of the registered agent is:	
Sarah Lee		
9694 Black Walnut Dr., Clermont, FL34715		
	-	
ARTICLE VII INCORPORATOR The name and address of the incorporator is:		
Sarah Lee		
9694 Black Walnut Dr., Clermont. FL34715		
************	*************	
Having been named as registered agent and to accept service in this certificate, I am familiar with and accept the appoint	e of process for the above stated corporation at the place designated nent as registered agent and agree to act in this capacity.	
Signature/Registered Agent		
Signature/Incorporator		

2023 JAN 24 PM 2: 00 SECRETARY OF STAIR



I. SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California. hereby certify that the attached transcript of 2 pages is a full, true and correct copy of the original record in the custody of the California Secretary of State's office.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California on this day of February 28, 2021

SHIRLEY N. WEBER, Ph.D. Secretary of State

DBA.

Verification Number: P5QYDEY Entity (File) Number: C2738461

2023 JAN 24 PM 2: 00 SECRETARY OF STATE