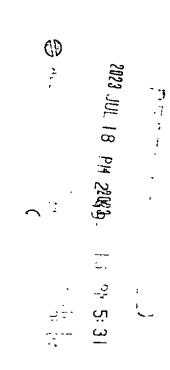
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	(Requestor's Name)			
	(Address)			
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	(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
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	(Document Number)			
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COVER LETTER

P. O. Box 6327
Tallahassee. FL 32314

SUBJECT: FCCLESJA NINGOM MANIFESTATION EMPOWERMENT (ENTIER, IN

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

□ \$70.00 Filing Fee

Department of State Division of Corporations

□ **\$**78.75

Status

□\$78.75 Filing Fee ☐ \$87.50

Filing Fee & Certificate of

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: DONCE HAVES

Name (Printed or typed)

217 SW 4th St. 1202

CHSEFLAND FL 32626 City. State & Zip

(352) 473 - 0533

Daving Telephone number

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)

The name of the corporation shall be: \CCLESTA \ \mathbb{N}_5	UCDOM MANJERSTATION EMPOURIMENT CENT
ARTICLE II PRINCIPAL OFFICE	ZNC
Principal <u>street</u> address: 217 SW 4 th STNEET	Mailing address, if different is: POST OFFICE BOX 1000
JEJEE J. CHALTZEH)	(HJEFLAND, Fr. 32644
	HIS ORCANIZATION IS A MINISTED
_	DING NEEDS OF THE COMMUNITY
	SCHOOL SUPPLIES, MENTORSHIP
	ENS OF THE COMMUNITY TO RESOURCES
THAT WILL LEAD THEM FRO	MA PROVERTY STRICHEN STATE.
Also TO TRANSFORM 13F120	S THROUGH THE TEACHENG OF
714 E WORD OF GOD.	
ARTICLE IV MANNER OF ELECTION The manner	in which the directors are elected and appointed:
DERECTORS ARIE FLECTED WITH	4-10 THE BOARD (COMMETTEE
ARTICLE V INITIAL OFFICERS AND/OR DIRECTO	DRS
Name and Title: LANCE HAYES/CE	Name and Title: MENUSE HAYES ASST. PAST.
Address 121 SW 17 TH A VE	Address: 121 SW 1722 AVE
P.O. Bax 1964	P.O. Box 1964
CHIEFLAND Fr. 326	44 CHZEFLAND FL 30CHA
· · · · · · · · · · · · · · · · · · ·	Name and Title: CANNEW SMILEY SECRETAR
Address P. O. Box 1845	7764
716 FAST PARM AVE	
(HJZFLAND F. 3064)	~
Name and Title:	<u>_</u>
	Address: CD
	· · · · · · · · · · · · · · · · · · ·
	<u>ω</u> . ω.
	

Name and Title:_	•	Name and Title:	
Address _		Address:	
_			
Nome and Title		Nome and Title	
Address _		Address:	
_			
_			
ARTICLE VI	REGISTERED AGENT	. 11 X Cd	
The name and F	lorida street address (P.O. Box NOT ac		
Name:	LANCE / + APRES		
Address:	1215W 1754 AVE		
	CH3EFLAMO, F.	<u> 306</u> 26	
	INCORPORATOR ddress of the Incorporator is:		
Name:	Carmin Smissel)	
Address:	604 NW 5 F	7115	
ridaress.	TRENTON, FZ.		
	11(7:10/010 , 1 L.	<u></u>	
Effective date, if	EFFECTIVE DATE: Other than the date of filing:	(OPTIONA	
(If an effective o	date is listed, the date must be specific	and cannot be more than five days	prior or 90 days after the filing.)
	e inserted in this block does not meet the etive date on the Department of State's r		nts, this date will not be listed as the
	med as registered agent to accept service familiar with and accept the appointment		
		2	7/18/2023
	Required Signature of Register	ed Agent	Date
	ument and affirm that the facts stated he of State constitutes althird degree felony o		e information submitted in a document t
	America JA //		7/10/2023
α	romen In, leg Required Signature of Inc	corporator	Date
	J		<u>; -</u>
			. 6.
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