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|               |              | (D               | , No        |        |
| . <del></del> |              | (Business Entit  | y Name)     |        |
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| Certified     | Copies       | Certif           | icates of   | Status |
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| Soecial       | Instructions | to Filing Office | st.         |        |
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2024 JUN -6 AM 9:41 CECRITARY OF STATE TALLAHASSEF, FL

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

|                                                                                                                         | COUNT: 120210000160: \$70.00                                                                                                                                                                                       |  |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| AUTHORIZATION SIGNATURE:                                                                                                | Jen Gul                                                                                                                                                                                                            |  |
| New Creation Church, Inc. BUSINESS (Name)                                                                               | Document #                                                                                                                                                                                                         |  |
| Walk in                                                                                                                 | Pick up time                                                                                                                                                                                                       |  |
| Mail out                                                                                                                | Will wait                                                                                                                                                                                                          |  |
| Photocopy                                                                                                               |                                                                                                                                                                                                                    |  |
| Certified Copy                                                                                                          |                                                                                                                                                                                                                    |  |
| Certificate of Status                                                                                                   |                                                                                                                                                                                                                    |  |
| NEW FILINGS                                                                                                             | <u>AMMENDMENTS</u>                                                                                                                                                                                                 |  |
| ProfitNot for ProfitLimited LiabilityDomesticationCORPLLLPX_INC  OTHER FILINGSAnnual ReportFictitious Name  APOSTIL ( ) | AmendmentResignation of Officer/DirectorChange of Registered AgentDissolution/WithdrawatriMergerConversionConversionConversionForeign FilingLimited PartnershipDissolution/_Reinstatement/RevocationTrademarkOther |  |
| Country                                                                                                                 |                                                                                                                                                                                                                    |  |
|                                                                                                                         | EXAMINER'S INITIALS:                                                                                                                                                                                               |  |

## **COVER LETTER**

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

| SUBJECT: Ne             | ew Creation Chu                           | rch of Sarasc                        |                                                    | <del>_</del>                    |   |
|-------------------------|-------------------------------------------|--------------------------------------|----------------------------------------------------|---------------------------------|---|
| Enclosed is an original | and one (1) copy of the Artic             | les of Incorporation and             | a check for:                                       | 1                               |   |
| ☑ \$70.00<br>Filing Fee | S78.75 Filing Fee & Certificate of Status | □\$78.75 Filing Fee & Certified Copy | ☐ \$87.50 Filing Fec, Certified Copy & Certificate |                                 |   |
|                         |                                           | ADDITIONAL CO                        | PY REQUIRED                                        | ]                               |   |
| FROM:                   |                                           | (Printed or typed)                   |                                                    | 2024 JUN -6<br>SECRE CARA       | 1 |
|                         | 13790 Roosevelt Blvd.                     | Suite A<br>Address                   | •                                                  | S \                             |   |
|                         |                                           | ty, State & Zip                      |                                                    | AM 9: 47<br>OF STATE<br>SEE, FL |   |
|                         | 727-605-0129  Daytim  stevejeantet@me.    | e Telephone number                   |                                                    |                                 |   |
|                         | E-mail address: (to be used for fu        |                                      | -<br>n)                                            |                                 |   |

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: New Crea                                                                                                                 | ation Church of Sarasota, Inc.                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| ARTICLE II PRINCIPAL OFFICE                                                                                                                                    |                                                                                                                                                        |
| Principal <u>street</u> address: 8490 McIntosh Rd.                                                                                                             | Mailing address, if different is:  8700 State Road 72                                                                                                  |
| Sarasota, FL 34241                                                                                                                                             | Sarasota, FL 34241                                                                                                                                     |
|                                                                                                                                                                | r charitable, religious, educational, and scientific purposes,                                                                                         |
|                                                                                                                                                                | distributions to organizations that qualify as exempt                                                                                                  |
|                                                                                                                                                                | Internal Revenue Code, or the corresponding section                                                                                                    |
| of any future federal tax code.                                                                                                                                |                                                                                                                                                        |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTO  Name and Title: Brent Phillips, D  Address 8490 McIntosh Rd Sarasota, FL 34238  Name and Title: Dave Hunniford, D/S | Name and Title: Steve Jeantet, D/P  Address: 8700 State Road 72  Sarasota, FL 34241  Name and Title: Victoria Morton, D/T  Address: 8700 State Road 72 |
| Name and Title: Stu Turnbull, D  Address 8490 McIntosh Rd Sarasota, FL 34238                                                                                   | Name and Title:                                                                                                                                        |
|                                                                                                                                                                |                                                                                                                                                        |

| Name and Title:_     |                                                                                        | Name and Title:                          | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| Address              |                                                                                        | Address:                                 | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| Name and Tides       |                                                                                        | Name and Title:                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Address              |                                                                                        | Address:                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| _                    |                                                                                        |                                          | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| _                    |                                                                                        |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                      | REGISTERED AGENT<br>orida street address (P.O. Box NOT accept                          | table) of the registered agent is:       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Name:                | Steve Jeantet                                                                          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Address:             | 8700 State Road 72                                                                     | ·                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                      | Sarasota, FL 34241                                                                     |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                      | INCORPORATOR Iress of the Incorporator is:                                             |                                          | 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Name:                | Steve Jeantet                                                                          |                                          | ZOZ4 JUN<br>PIEGEA<br>PRALEA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Address:             | 8700 State Road 72                                                                     | 2                                        | THATTANAS OF THE PROPERTY OF T |
|                      | Sarasota, FL 34241                                                                     | <del></del>                              | S & F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| ADTICLE LAND         |                                                                                        | <del></del>                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Effective date, if o | EFFECTIVE DATE: other than the date of filing:                                         | _ (OPTIONAL)                             | E. S. T. O                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| (If an effective da  | ate is listed, the date must be specific and                                           | d cannot be more than five days prio     | or or 90 days after the filing.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                      | inserted in this block does not meet the appive date on the Department of State's reco |                                          | his date will not be listed as the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Havino been nom      | ed as registered agent to accept service o                                             | of process for the above stated corpora  | ation at the place designated in this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| certificate, I am fa | miliar with and accept the appointment as                                              | registered agent and agree to act in thi | is capacity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                      | JJoantit                                                                               |                                          | 10/4/24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                      | Required Signature of Registered                                                       | Agent                                    | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| I submit this docu   | ment and affirm that the facts stated herein                                           | are true. I am aware that any false inf  | ormation submitted in a document to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                      | State constitutes a third degree felony as p                                           | provided for in s.817.155, F.S.          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| $\sim$               | J Jeanlet                                                                              |                                          | 614/24<br>Dose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                      | Required Signature of Incorp                                                           | orator                                   | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

## **ADDITIONAL PROVISIONS**

Non-Inurement: No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose statement hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax codes or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Dissolution: Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state of local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.