

A24000010664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

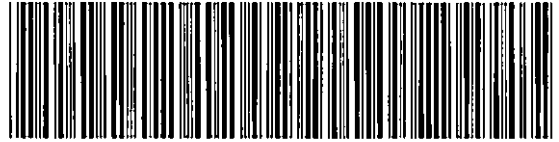
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STATE  
TALLAHASSEE, FL

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STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Temple of brother 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: Grady J. Blankenship  
Name (Printed or typed)

1512014<sup>st</sup>  
Address

Dade City FL 33523  
City, State & Zip

(352) 457-7039  
Daytime Telephone number

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

Jerblank38@Gz.mail.com

NOTE: Please provide the original and one copy of the articles.

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TALLAHASSEE, FL

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Temple of brother Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

15120/4th str. Dade City Fla

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Preach @ Teach, Evangelize

The gospel

God made man @ F.M.A.I

TREAT people with brother love

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STATE

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: AS Stated  
IN ByLaws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: President  
Grady Blankenship Name and Title: \_\_\_\_\_

Address: 15120/4th str. Dade City Address: \_\_\_\_\_  
Fla. 33523

Name and Title: Mita Blankenship Name and Title: \_\_\_\_\_

Address: (VP) 15120/4th str Address: \_\_\_\_\_  
Dade City Fla 33523

Name and Title: Autumn Saladin Name and Title: \_\_\_\_\_

Address: 405 Trilby Fla Address: \_\_\_\_\_  
575 Road High Pound  
lane

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: Grady J Blankenship

Address: 15120 14th St

Dade City Fla 33523

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DEPARTMENT OF STATE  
TALLAHASSEE, FL

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Grady J Blankenship

Address: 15120 14th St Dade City Fla

33523

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: Sept 10, 2024 (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

Grady J Blankenship  
Required Signature of Registered Agent

Sept 10, 2024  
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.

Grady J Blankenship  
Required Signature of Incorporator

Sept 10, 2024  
Date