

N24000013857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

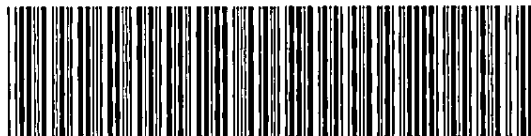
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## COVER LETTER

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

SUBJECT: Kingdom LFI, 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: Otis B. Young  
Name (Printed or typed)

8930 Winged Foot Drive  
Address

Tallahassee, FL 32312  
City, State & Zip

(850) 264-5526  
Daytime Telephone number

OYoung@teakingdom.business  
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:

Kingdom LFI, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1410 E. Indiana Drive  
Suite #1  
Tallahassee, FL 32301

Mailing address, if different is:

P.O. Box 2523  
Tallahassee, FL 32316

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to promote unity in the  
Body of Christ by providing apostolic  
covering and equipping for churches  
ministers, and those who serve in  
ministry both traditional and Non-Traditional format

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Appointed by the President

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Otis B. Young - President Name and Title: Michelle Young - Vice President

Address: 8930 Winged Foot Dr Address: 8930 Winged Foot Dr  
Tallahassee FL 32312 Tallahassee FL 32312

Name and Title: Patrick Godbolt - Secretary Name and Title: \_\_\_\_\_

Address: 2301 Sardinia Street Address: \_\_\_\_\_  
Tallahassee FL 32303

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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: Karen Miller

Address: 5572 Pleasant Pines Court  
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Otis B. Young

Address: 8930 Winged Foot Drive  
Tallahassee, FL 32312

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/3/2024 (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*

Karen Miller

Required Signature of Registered Agent

12-3-2024

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.*

O. Young

Required Signature of Incorporator

12/3/2024

Date