000004655 TRANSMITTAL LETTER

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

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

№ \$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

3189 ANTHONY DRIVE

Address

ST. CLOUD, FL 34771

City, State & Zip

407-891-8098

Daytime Telephone number

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

DOC. EXAM

•	ARTICLES OF INCORPORATION FILED
	The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Brofit Corporation Act, hereby adopted the following Articles of Incorporation: 99 AUG -5 Dt
	ARTICLE I NAME TALLAHASSEE, FLORID The name of the corporation shall be:
	TEMPLE OF THE MYSTERIES, INC.
	ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:
	3189 ANTHONY DR., ST. CLOUD, FL 34771
	ARTICLE III PURPOSE(S) The specific purpose(s) for which the corporation is organized is(are):
	To promote development of human spiritue abilities.
	ARTICLE IV MANNER OF ELECTION OF DIRECTORS
	Appointment by Incorporator/Registered agent.
	AS Stated IN the Dylaws ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:
	and a superior that the superi
	3189 ANTHONY DR., ST. CLOUD, FL 34771
	ARTICLE VI INCORPORATOR The name and address of the Incorporator to these Articles of Incorporation are:
	MATHLEEN SOY WALTON 3189 ANTHONY DR., ST. CLOUD, FL 34771
	Hattleen Walton) 1-29-99 Signature/Incorporator Date
	ACTICLE VIII (An additional article must be added if an effective date is requested.)

EFFECTIVE DATE SHALL BE JULY 29, 1999.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent 7-39Date