N9900005515

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314		9	1 000029840 -09/10/99010 *****78.75 *
SUBJECT: SP	OCTUARY (Proposed corpora	of Christ te name - must include suffi	INC,
Enclosed is an original and \$70.00 Filing Fee	f one(1) copy of the article \$78.75 Filing Fee & Certificate of Status	s of incorporation and a common state of the	S87.50 Filing Fee. Certificate
	and the second s	ADDITIONAL CO	PY REQUIRED
FROM: POLA A KICY Name (Printed or typed)			
_1	6815 Inte	rbay Blyd Iress	#3
	TAMBA	FL. 23/16	

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

99/16

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation: $\frac{1}{2}$
ARTICLE I NAME The name of the corporation shall be: Societ 10001 Of Christ Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 1.0. Box 13998 TAMPA FL. 33681 - 3998
ARTICLE III PURPOSE(S) The specific purpose(s) for which the corporation is organized is(are): FOR Establishing Church Anthony State A Church Antho
ARTICLE IV MANNER OF ELECTION OF DIRECTORS The manner in which the directors are elected or appointed is: Dept. Committee IS AS Stated in the beginning of th
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are: 1001A A BIVO #3 TAMPA FL. 33616
The name and address of the Incorporator to these Articles of Incorporation are: Popular Po
(An additional article must be added if an effective date is requested.)
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.
Kula D. Kilyi Signature/Registered Agent 9/8/99
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