TRANSMITTAL LETTER

POSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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POSED CORPORATE NAME - MUST INCLUDE SUFFIX

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

□ \$70.00

□ \$78.75

Filing Fee

Filing Fee

& Certificate of Status

4 \$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Ti Lyne Kecharose

Name (Printed or typed)

P. O. Box 26975

100004464151--

JACKSONICER Fr. 32226

City, Staté & Zip

904 757-7387

Daytime Telephone number

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

apr/9

In compliance with Chapter 607 and/or Chapter 621, F.S. (P	rofit)
ARTICLE I NAME The name of the corporation shall be: GOD IN	SPIRATIONS JULY TOUR
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	BOX 26978531226 KSWVILLE Fr. 3076
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	HESTATE INESTAENT
ARTICLE IV SHARES The number of shares of stock is:	· -
ARTICLE V INITIAL OFFICERS/DIRECTORS (The name(s) and address(es): Y, Lynne Kichlor De (CEO f, O Box 26975 Thy Fr 32226	optional) REGINALD RICHARDS (FRE P. OBOD 26975 TACKSONNICE FOR 32226
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent T. L. RICHARDS 939- TORROSS WAY TACKSOMICLE 72. 32218	t is:
The name and address of the Incorporator is: The Name and address of the Incorporator is: The Companies Way THE COMPANIE FI 322/8	· · · · · · · · · · · · · · · · · · ·
Having been named as registered agent to accept service of process for a certificate, I am familiar with and accept the appointment as registered a Signature/Registered Agent	the above stated corporation at the place designated in this igent and agree to act in this capacity Date
Signature/Incorporator	7/9/0/ Date