P17000099095

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
1017-98165			

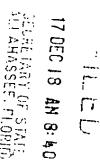




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12/15/17--01017--021 **26.25

12/11/17--01014--023 **395.00



DEC 1 8 2017

K. Brumbley

COVER LETTER

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

SUBJECT: Christia	n Purchasing Network, Inc.		
	(PROPOSED CORPOR)	NTE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l 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 of Status
		ADDITIONAL CO	
FROM:	Steven Herb, Esquire Name So. Pineapple Avenue, Sixth Floor	e (Printed or Typed)	
-		Address	
Sara	isota, FL 34236		
	City.	State & Zip	<u> </u>
(94)) 364-2414		
 -	Daytime T	elephone number	
sher	b@kirkpinkerton.com		
_ -	E-mail address: (to be use	I for future annual report n	otification)

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

CERTIFICATE OF DOMESTICATION

The undersigned. Thomas J. McElheny	President	
(Name)		(Title)
of Christian Purchasing Network, Inc.	FOU- 4260	a foreign corporation.
(Corporation Name) in accordance with s. 607.1801, Florida Statutes, d	oes hereby certify:	
1. The date on which corporation was first formed	d was July 7	
2. The jurisdiction where the above named corpo came into being was	ration was first formed, ir	ncorporated, or otherwise
 The name of the corporation immediately prior was Christian Purchasing Network, Inc. 		ficate of Domestication
4. The name of the corporation, as set forth in its s. 607.0202 and 607.0401 with this certificate		
5. The jurisdiction that constituted the seat, siege administration of the corporation, or any other immediately before the filing of the Certificate State of Florida	equivalent jurisdiction ur	
 Attached are Florida articles of incorporation t to s. 607.1801. 	o complete the domestica	tion requirements pursuant
Tam Thomas J. McElheny of 1727 Barber Ro	oad, Sarasota, FL 34	4240
and am authorized to sign this Certificate of Dome	estication on behalf of the	corporation and have done
so this the 27 day of Nov.	,	. 2017
Flingedo	· V_	
Y(Authoriz	ed Signature)	
Fili	ng Fee:	
- 112		

\$ 50.00

\$ 78.75

(\$128.75)

Certificate of Domestication

Total to domesticate and file

Articles of Incorporation and Certified Copy

INHS53 (12/12)



ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

TICLE I NAME of the corpora PRINCE II PRINCE	<u>TPAL OFFICE</u>		
TICILLII TRINC	Principal <u>street</u> address		Mailing address, if different is:
25 Barber Rd.			
rasota, FL 34240			
TICLE III PÜRPO e purpose for which t			
ny and all lawful busi			
		·	
			-
TICLE IV SHAR	£S 1,000 stock is:		
e number of shares of	tock is: **L OFFICERS AND/OR DIRECTORS** Thomas J. McElheny, President		Diane McElheny, Vice-President
e number of shares of	stock is:	Name and Title	Diane McElheny, Vice-President 1725 Barber Rd.
e number of shares of ETICLE V INITEA Name and Title	L OFFICERS AND/OR DIRECTORS Thomas J. McElheny, President 1725 Barber Rd.	Name and Title	:
e number of shares of ETICLE V INITEA Name and Title	L OFFICERS AND/OR DIRECTORS Thomas J. McElheny, President 1725 Barber Rd.	Name and Title	1725 Barber Rd.
e number of shares of ETICLE V INITEA Name and Title	Thomas J. McElheny, President 1725 Barber Rd. Sarasota, FL 34240	Name and Title Address:	1725 Barber Rd. Sarasota, FL 34240
e number of shares of ETICLE V INITLA Name and Title Address	L OFFICERS AND/OR DIRECTORS Thomas J. McElheny, President 1725 Barber Rd. Sarasota, FL 34240 Diane McElheny, Secretary	Name and Title Address: Name and Title	1725 Barber Rd. Sarasota, FL 34240
e number of shares of STICLE V INITE Name and Title Address Name and Title	L OFFICERS AND/OR DIRECTORS Thomas J. McElheny, President 1725 Barber Rd. Sarasota, FL 34240 Diane McElheny, Secretary	Name and Title Address: Name and Title Name and Title Address:	1725 Barber Rd. Sarasota, FL 34240 Nitza Dowdy, Treasurer
e number of shares of STICLE V INITE Name and Title Address Name and Title	Thomas J. McElheny, President T725 Barber Rd. Sarasota, FL 34240 Diane McElheny, Secretary T725 Barber Rd. Sarasota, FL 34240	Name and Title Address: Name and Title Address: Address:	1725 Barber Rd. Sarasota, FL 34240 Nitza Dowdy, Treasurer 1725 Barber Rd.
e number of shares of ETICLE V INITLA Name and Title Address Name and Title: Address	L OFFICERS AND/OR DIRECTORS Thomas J. McElheny, President 1725 Barber Rd. Sarasota, FL 34240 Diane McElheny, Secretary 1725 Barber Rd. Sarasota, FL 34240	Name and Title Address: Name and Title Address: Address:	Nitza Dowdy, Treasurer 1725 Barber Rd. Nitza Dowdy, Treasurer 1725 Barber Rd. Sarasota, FL 34240
e number of shares of ETICLE V INITLA Name and Title Address Name and Title: Address	Thomas J. McElheny, President T725 Barber Rd. Sarasota, FL 34240 Diane McElheny, Secretary T725 Barber Rd. Sarasota, FL 34240	Name and Title Address: Name and Title Address: Name and Title	Nitza Dowdy, Treasurer 1725 Barber Rd. Nitza Dowdy, Treasurer 1725 Barber Rd. Sarasota, FL 34240

Name	and Title:	Name and Title:
Addre	ess	Address:
<u>ARTICLE VI</u>	REGISTERED AGENT	
The name and	Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Thomas J. McElheny	_
Address:	1725 Barber Rd.	
	Sarasota, FL 34240	
		-
<u>AKTICLE VII</u>	<u>INCORPORATOR</u>	
The name and	address of the Incorporator is:	
Name:	F. Steven Herb, Esquire	_
Address:	240 So. Pineapple Avenue, Sixth Floor	
	Sarasota, FL 34236	
	FFFECTIVE DATE:	V21/71/23 1 1 1
Effective date. (If an effective filing.)	if other than the date of filing: date is listed, the date must be specific and cann	ot be more than five days prior or 90 days after the
-	to incorted in this blook down not need to be an I'm I I	
the document's	effective date on the Department of State's records.	estatutory filing requirements, this date will not be fisted as
Having been no	amed as registered agent to accept service of proces	s for the above stated corporation at the place designated in
this certificate,	I am familiar with and accept the appointment as re	gistered agent and agree to act in this capacity
Th	of Alden	1//27/17
	Required Signature/Registered Agent	Date
l submit this do locument to the	ocument and affirm that the facts stated herein are 2 Department of State constitutes a third degree felot	true. I am aware that the false information submitted in a was provided for in x817.155. FS
	11.	
	Thoma Hub	
Requ	uired Signature Incorporator	Date