

TRANSMITTAL LETTER

P99000102650

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

900003050779--3
-11/22/99-01067-020
*****78.75 *****78.75

SUBJECT: For God's Glory, 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 of
Status

ADDITIONAL COPY REQUIRED

FILED
99 NOV 22 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: Sharie R. Conner
Name (Printed or typed)

9000 N.W. 9th Court
Address

Miami, Florida 33150
City, State & Zip

(305) 691-7283
Daytime Telephone number

*Called Sharie
Verified - Profit Corp.*

NOV 24 1999

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

For God's Glory, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

9000 N.W. 9th court
Miami, FL 33150

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

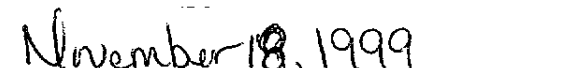
Sharie Conner
9000 N.W. 9th court
Miami, FL 33150

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

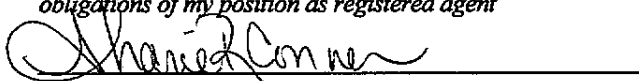
Sharie Rene Conner
9000 N.W. 9th court
Miami, FL 33150

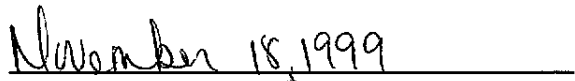

Signature/Incorporator


Date

(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


Signature/Registered Agent


Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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