

N/13 00000 6432

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

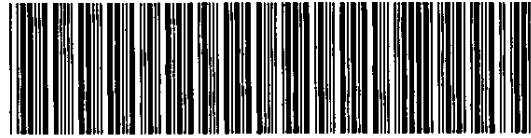
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



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07/16/13--01012--003 **78.75

Handwritten signature and date: 7-19-13

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL 16 AM 10:14

COVER LETTER

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

SUBJECT: SACRED LIFE SANCTUARY 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

ADDITIONAL COPY REQUIRED

FROM: **HOWARD FELDMAN**
Name (Printed or typed)

12121 VONN ROAD #224
Address

LARGO, FL 33774
City, State & Zip

937 430 5344
Daytime Telephone number

HFELDMANSACREDLIFE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL 16 AM 10:14

ARTICLE I NAME
The name of the corporation shall be: SACRED LIFE SANCTUARY INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:
12121 VONN ROAD # 224
LARGO, FL 33774

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO PROVIDE A PLACE FOR PRAYER AND
WORSHIP AS A SPIRITUAL COMMUNITY CHURCH

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: BY A
MAJORITY OF TRUSTEES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HOWARD FELDMAN DIRECTOR Name and Title: _____
Address: 12121 VONN ROAD #224 Address: _____
LARGO, FL 33774

Name and Title: WAYNE S PRETE TRUSTEE Name and Title: _____
Address: P O BOX 7793 Address: _____
ST PETERSBURG, FL 33704

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

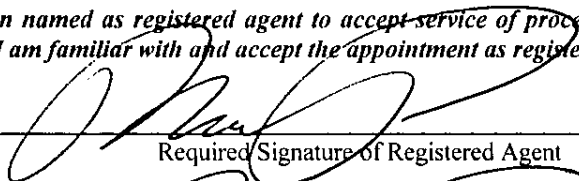
Name: HOWARD FELDMAN
Address: 12121 VONN ROAD #224
LARGO, FL 33774

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: HOWARD FELDMAN
Address: 12121 VONN ROAD #224
LARGO, FL 33774

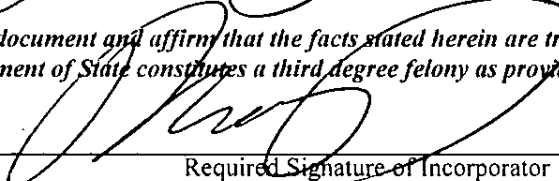
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

JULY 10, 2013
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

JULY 10, 2013
Date

PART III LINE 2A.

Upon the dissolution of this organization, assets shall be distributed for one of more exempt purposes within the meaning of section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose or to another charitable organization.