

N/A000000064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

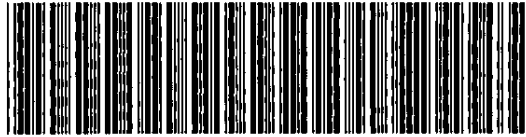
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

SUBJECT: Tabernacle Seminars Tarpon Springs 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: Amy Marinèc
Name (Printed or typed)

7816 Craighurst Lp
Address

Trinity, Fl. 34655
City, State & Zip

813-841-1430
Daytime Telephone number

tabernacle@tampabay.rr.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)

ARTICLE I NAME

The name of the corporation shall be: Tabernacle Seminars Tarpon Springs Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
7816 Craighurst Lp

Trinity, Fl. 34655

Mailing address, if different is:

7816 Craighurst Lp

Trinity, Fl. 34655

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To educate the public about the Biblical teachings of the Tabernacle in the Wilderness.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Appointed at Board of Directors Meetings by majority vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Amy Marinec
Address: 6545 Ridge Rd. # 3
Port Richey, Fl. 34668

Name and Title: President
Address: same

Name and Title: Brigitte K. Beer
Address: 6545 Ridge Rd. # 3
Port Richey, Fl. 34668

Name and Title: VP/Treasurer
Address: same

Name and Title: Christine Virant
Address: 6545 Ridge Rd. # 3
Port Richey, Fl. 34668

Name and Title: Secretary
Address: 6545 Ridge Rd. # 3
same

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Hans Griebel, Esq.

Address: 6545 Ridge Rd. # 3

Port Richey, Fl. 34668

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brigitte K. Beer

Address: 7816 Craighurst Lp

Trinity, Fl. 34655

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

1/10/2014

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

1/10/2014

Date

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TALLAHASSEE FLORIDA