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(Business Entity Name)						
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W11000021639 4-18-11

COVER LETTER

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

SUBJECT: Pray	er In Action Cente	r Inc. e name – <u>must incl</u> i	UDE SUFFIX)	•
į	<i>(</i>			
Enclosed is an original	and one (1) copy of the Artic	eles of Incorporation and	d 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 C	OPY REQUIRED	
FROM		nted or typed)		
		ddress	_	
	Lake Worth, Fl. 3			
	City, S	tate & Zip		2011
	1-561-633-1145			2011 K * V
	deborahfl10@a			o [
	E-mail address: (to be used for f	uture annual report notifica	tion)	

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 The name of the c	NAME orporation shall be:	stries of West	Palm Beach, Fl. Inc	
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address		Mailing address, if	
	4862 Pine Cone Lane	<u> </u>	P.O.Box 5896	
	west Palm Beach, Fl.		Lake Worth, Fl.	
-	33417		33466	
ARTICLE III	PURPOSE			
The purpose for v	which the corporation is organized is:			
ARTICLE IV	MANNER OF ELECTION The manner	in which the director	s are elected and appointed:	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	rors		
Name and T	itle: Inell Knight PD	Name and Title	:Valarie Monore Seceta	y
Address:	P.O.Box 1332	Address:	P.O.Box 2151	
	Clewiston, Fl. 33440		Belle Glade, Fl.33430	
	<u>1-561-633-1145</u>		·	
Name and T	itle:De'Borah Paul Vice President	Name and Title	3.	
Address:	7198 N.W. 48th Court		<u></u>	
	Lauderhill, Fl.33319			
	954-288-1100			
Name and T	Fitle: James E. Smith Treasury	Name and Title	2 :	
Address:	4862 Pine Cone Lane			
	W.P.B. Fl. 33417			
	REGISTERED AGENT			
	orida street address (P.O. Box NOT acceptable)	of the registered age	ent is:	~ 2
Name:	De'Borah Paul			*** =
Address:	7198 N.W. 48th Court		ت و`	
	Lauderhill,FI.33319 954-288-1100		: :	AY -2
	954-266-1100		9	
ARTICLE VII	INCORPORATOR		47 47 m	
The name and ad	dress of the Incorporator is:		• · · · · · · · · · · · · · · · · · · ·	
Name:	Inell Knight	<u></u>	; 5	ا الا
Address:	4862 Pine Cone Lane			(*
	west Palm Beach, Fl. 33417			
Having been nan	ned, as registered agent to accept service of pro		stated corporation at the pla	ice designated in th
	miliar with and accept the appointment as regis			U
W K	Durah O. (1)	/	03/29/2011	
102	Required Signature of Registered Agent	<u>ul</u>	03/29/2011 Dat	<u> </u>
y g 1,41 1				
	iment and affirm that the facts stated herein are ^ 16 Stoe 1-e9nstitytes of third dooree lolow as 1740			типеи іп а аосите
W ME I	0 11 10 16	- g.cu joi in s.v. /.13.	Je z sije	
	~ Unlly Imedia	,	03/29/2011	
 	Required Signature of Incorporate	or	03/29/2011 Da	ite



RECEIVED

FLORIDA DEPARTMENT OF STATE Division of Corporations SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 18, 2011

INELL KNIGHT P.B.BOX 5896 LAKE WORTH, FL 33466

SUBJECT: PRAYER IN ACTION MINISTRIES INC.

Ref. Number: W11000021639

We have received your document for PRAYER IN ACTION MINISTRIES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6924.

Sharon Collins Regulatory Specialist II

Letter Number: 611A00009364