

N13000008856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

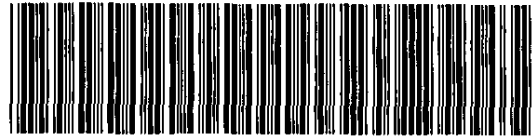
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: Providence International Ministries, 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: Macheal Gomez
Name (Printed or typed)

5668 East 61St Street
Address

Commerce, CA 90040
City, State & Zip

(800)462-5487
Daytime Telephone number

mgomez@attorneyscorpsservice.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)

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ARTICLE I NAME

The name of the corporation shall be: Providence International Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
445 Cortona Dr

Mailing address, if different is:

Orlando, FL 32828

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Education center and church consultants. We will also provide programs and services that benefit the
public. Community health services, typically for education, social causes, computer and after care
school, adults literature, family counseling, training center, bible college training, workshop, ESL or ESOL.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

As prescribed in the by-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Dr. Serge-Amos Bonhomme, Sr., Director</u>	Name and Title:	<u>Rev. Nehemy Theodore, Director</u>
Address	<u>445 Cortona Dr</u> <u>Orlando, FL 32828</u>	Address:	<u>Secretary 60 Marion Ave</u> <u>Providence, RI 02905</u>

Name and Title:	<u>Ledia Bonhomme, Director</u>	Name and Title:	_____
Address	<u>445 Cortona Dr</u> <u>Orlando, FL 32828</u>	Address:	_____

Name and Title:	<u>Dr. Abel Saint-Amour, Director</u>	Name and Title:	_____
Address	<u>P.o. Box 2122</u> <u>West Palm Beach, FL 33402</u>	Address:	_____

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SECRETARY OF STATE
DIVISION OF CORPORATION

2013 SEP 30 PM 4: 32

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: Dr. Serge-Amos Bonhomme, Sr.

Address: 445 Cortona Dr

Orlando, FL 32828

ARTICLE VII INCORPORATOR

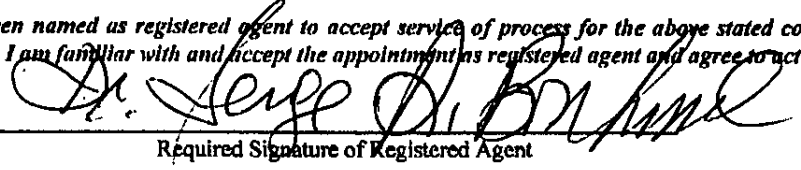
The name and address of the Incorporator is:

Name: Macheal Gomez

Address: 5668 East 61St Street

Commerce, CA 90040

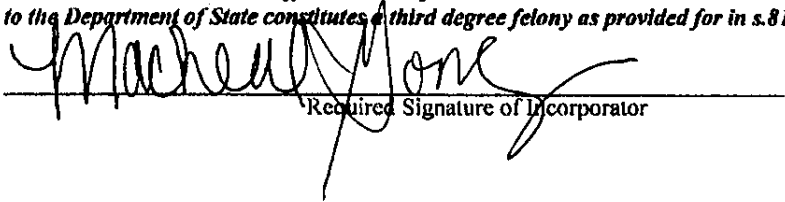
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

09/12/2013
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

09/12/2013
Date