

N14000011737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

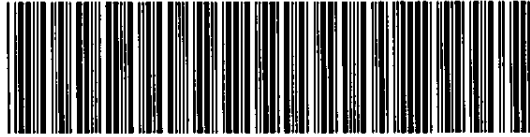
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: The Living Bread of Life 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: Alphonzo Austin Jr.
Name (Printed or typed)

420 E. University Ave.
Address

Deland, FL 32724
City, State & Zip

(407) 486-2136
Daytime Telephone number

alphonzoaustin@yahoo.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: The Living Bread of Life Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

205 W. 19th Street

Apopka, FL 32703

Mailing address, if different is:

P.O. Box 963

Deland, FL 32721

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To be a faith based ministry that believes in Jesus Christ, as our Lord and Savior. We intend to reach out to individuals and encourage them, through Strategic Bible classes, Effective Interactive Worship Services and Enhanced Bible messages. We intend to reach out to local communities through humanitarian services, With the purpose of proclaiming the Love that our Lord and Savior Jesus Christ have for all mankind.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Appointed by President

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Alphonzo Austin Jr. (President)

Address: 420 E. University Ave.
Deland, FL 32724

Name and Title: Lashawnda Austin (Secretary)

Address: 420 E. University Ave.
Deland, FL 32724

Name and Title: _____

Address: _____

Name and Title: Jackie Denard (Treasure)

Address: 5514 Cinderland Parkway
Apt. D Orlando, FL 32808

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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: Alphonzo Austin Jr.
Address: 420 E. University Ave.
Deland, FL 32724

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alphonzo Austin Jr.
Address: 420 E. University Ave.
Deland, FL 32724

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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 Alphonzo Austin Jr. 12/19/14 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 Alphonzo Austin Jr. 12/19/14 Date