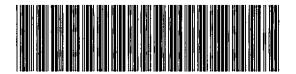
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## **COVER LETTER**

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

SUBJECT: RHEMA PN	RHEMA PNEUMA BIBLE INSTITUTE, INC.				
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )					
Enclosed is an original a  \$70.00 Filing Fee	and one (1) copy of the Art  \$78.75  Filing Fee &  Certificate of  Status	\$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certified Copy & Certificate		

FROM:	ERNST DOMINIQUE			
rkum:	Name (Printed or typed)			
	2240 SW 67th Terrace			
	Address			
	Miramar, FL 33023			
	City, State & Zip			
	(954) 290-8609			
	Daytime Telephone number			
	info@rhemapneumabibleinstitute.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)

The name of	NAME he corporation shall be:	BIBLE INSTITU	FILED
ARTICLE II			16 AUG -5 PM 2: 35  Mailing address if different is: SECTION OF STATE TALLAHASSEE FLORIDA
2032	22 NW 2nd Avenue	224	40 SW 67th Terrace
Mia	mi, FL 33169	Mir	ramar, FL 33023
	for which the corporation is organized is:		nts and to acquire knowledge of the Bible in order to
become mini	stry leaders and to properly serve and help the	eir community.	
71			
			Pu unanimana vata
			ectors are elected and appointed:  By unanimous vote
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	<u>ORS</u>	Dolson Flourant Director
ARTICLE V Name and Tit	INITIAL OFFICERS AND/OR DIRECTO		Dolson Flourant Director
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	ORS  Name and Title	Dolson Fleurant Director
ARTICLE V Name and Tit	INITIAL OFFICERS AND/OR DIRECTOR  Raymonde Dominique President/Director  2240 SW 67th Terrace  Miramar, FL 33023	ORS  Name and Title Address:	Dolson Fleurant Director  361 NW 57th Street  Miami, FL 33137  Rudna C Desroches Treasurer/Director
ARTICLE V  Name and Tit  Address	INITIAL OFFICERS AND/OR DIRECTOR  Raymonde Dominique President/Director  2240 SW 67th Terrace  Miramar, FL 33023	ORS  Name and Title Address:  Name and Title	Dolson Fleurant Director  361 NW 57th Street  Miami, FL 33137  Rudna C Desroches Treasurer/Director
ARTICLE V  Name and Tit  Address	INITIAL OFFICERS AND/OR DIRECTOR  Raymonde Dominique President/Director  2240 SW 67th Terrace  Miramar, FL 33023  Ritha Bocaille Secretary/Director	ORS  Name and Title Address:	Dolson Fleurant Director  361 NW 57th Street  Miami, FL 33137  Rudna C Desroches Treasurer/Director
ARTICLE V  Name and Tit  Address  Name and Tit  Address	INITIAL OFFICERS AND/OR DIRECTOR  Raymonde Dominique President/Director  2240 SW 67th Terrace  Miramar, FL 33023  Ritha Bocaille Secretary/Director  19241 NW 23rd Street  Miami, FL 33056	ORS  Name and Title Address:  Name and Title Address:	Dolson Fleurant Director  361 NW 57th Street  Miami, FL 33137  Rudna C Desroches Treasurer/Director  19221 NE 10th Avenuc Apt 520  Miami, FL 33179
ARTICLE IV  ARTICLE V  Name and Tit  Address  Name and Tit  Address	INITIAL OFFICERS AND/OR DIRECTOR  Raymonde Dominique President/Director  2240 SW 67th Terrace  Miramar, FL 33023  Ritha Bocaille Secretary/Director  19241 NW 23rd Street  Miami, FL 33056	ORS  Name and Title Address:  Name and Title	Dolson Fleurant Director  361 NW 57th Street  Miami, FL 33137  Rudna C Desroches Treasurer/Director  19221 NE 10th Avenuc Apt 520  Miami, FL 33179

Name and Title:	,	Name and Title:	
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APTICI E VI D	REGISTERED AGENT		
	rida street address (P.O. Box NOT acce	eptable) of the registered a	gent is:
Name:	Ernst Dominique		
Address:	2240 SW 67th terrace	2	
	Miramar, FL 33023		
	INCORPORATOR  Iress of the Incorporator is:  Ernst Dominique		
Address:	2240 SW 67th Terrac	ce	
Address:	miramar, FL 33023		
ARTICI E VIII	EFFECTIVE DATE: 00/01/2	1016	
Effective date, if o	ther than the date of filing: U9/U1/2		OPTIONAL) five business days prior or 90 business days
	nserted in this block does not meet the a ve date on the Department of State's rec		requirements, this date will not be listed as the
	ed as registered agent to accept service miliar with and accept the appointment of Required Signature of Registered	as registered agent and ag	e stated corporation at the place designated in this gree to act in this capacity  Date
	ment and affirm that the facts stated her	ein are true. I am aware i	that any false information submitted in a document
	of State constitutes a third degree felony		
P - L		3	11/21