

COVER LETTER

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

SUBJECT: Resurrection Revival 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: Resurrection Revival Ministries Inc

Name (Printed or typed)

7442 Groveland Farms Rd

Address

Groveland, FL 34736

City, State & Zip

352-459-1208

Daytime Telephone number

andyammf@yahoo.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE
TALLAHASSEE, FL

2023 FEB 13 PM 8:20

FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Resurrection Revival Ministries Inc

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address: <u>7442 Groveland Farms Rd</u> <u>Groveland, FL 34736</u>	Mailing address, if different is: _____ _____ _____
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To spread the gospel and establish local churches throughout the world.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Andy Mainard, President</u>	Name and Title: _____
Address: <u>7442 Groveland Farms Rd</u>	Address: _____
<u>Groveland, FL 34736</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

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SECRETARY OF STATE
TALLAHASSEE, FL

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: Andy Mainard

Address: 7442 Groveland Farms Rd

Groveland, FL 34736

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Andy Mainard

Address: 7442 Groveland Farms Rd

Groveland, FL 34736

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TALLAHASSEE, FL

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

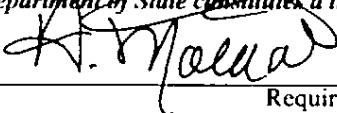


Required Signature of Registered Agent

2-8-23

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

2-8-23

Date