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

SUBJECT:		MARRIAGE	RESTORATION	MINISTRIES,	INC.
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )				

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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

□ \$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Doreen P. Grant

Name (Printed or typed)

2778 N.W. 193rd Terrace

Address

Miami, Florida 33056

City, State & Zip

SECRETARY OF STATE

305-961-9387

Daytime Telephone number

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

86/14

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Tax ID #65-1106214
ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)
ARTICLE I NAME
The name of the corporation shall be: Marriage Restoration Ministries
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
2778 N.W. 193rd Terrace, Miami, FL 33056
ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
The purpose of this Corporation is to pray for
counsel and encourage separated couples to restore their marriages.
ARTICLE IV MANNER OF ELECTION  The manner in which the directors are elected or appointed:  The directors are elected by appointment.
ARTICLE V INITIAL DIRECTORS/OFFICERS  The name and addresses:  Doreen P. Grant 2778 N.W. 193rd Terrace Miami, FL 33056  Norman Grant 2778 N.W. 193rd Terr. 2778 NW 193 Terr Miami, FL 33056  Miami, FL 33056
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS  The name and Florida street address of the registered agent is:  Doreen P. Grant 2778 N.W. 193rd Terrace
Miami, FL 33056
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ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
Doreen P. Grant 2778 N.W. 193rd Terrace
Z//8 N.W. 1931d Terrace

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.

Signature/Registered Agent Doreen P. Grant Date

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