N03000009471

(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
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 OCT 31

TRANSMITTAL LETTER

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

SUBJECT: COR 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: Orazo Whited
Name (Printed or typed)

3204 Hastie Rd
Address

Tallahassee, FL 32310
City, State & Zip

850-228-3187
Daytime Telephone number

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: COR Ministries Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

251 E Harrison ST
Tallahassee, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This organization shall be established for the purpose of supplying theocentrically inspired Integrated Medical Modalities to all members of the society who deem such as appropriate with reference to their health needs. We strive to do the above through the distribution of high quality supplemental products, Preventive Health Counseling, Preventive Health Assessment and early Intervention, as well as Integrated Medical Services in harmony with the church and the new wall health Model.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors will be elected by majority vote and will serve 4 year renewable terms. These elections will follow order and procedure democratic forums.

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

Orazo White 3204 Hassie Rd Tall, FL 32301 President
David R. Smith 4480 Berkmere Ln Lithonia GA 30389 Vice-President
JC ST Fleur 251 E Harrison ST Tall, FL 32301 VP of Financial/Fiscal
Apostle Moses Hall 5450 Quathorne LN Tall FL 32301 VP Ministerial Affairs
Gina Pierre 251 E Harrison ST Tall, FL 32301 Secretary

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The **name and Florida street address** of the registered agent is:

Anita O. Abrams
3204 Hassie Rd
Tallahassee, FL 32310

ARTICLE VII INCORPORATOR

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

Orazo White
3204 Hassie Rd
Tallahassee FL 32305

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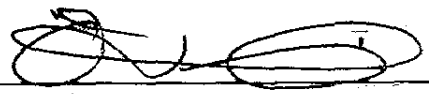
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Anita O. Abrams — Signature/Registered Agent
10/31/03 — Date



Signature/Incorporator
31 Oct 03 — Date