

N04000010267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

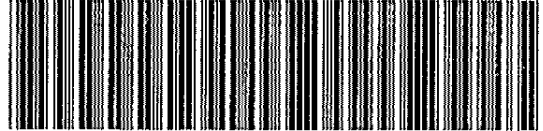
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

04 NOV -2 AM 11:16

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 NOV -2 AM 11:15

FILED

**TRANSMITTAL LETTER**

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

SUBJECT: PERCELL SANDERS 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: PERCELL SANDERS  
Name (Printed or typed)

P.O. BOX 8804  
Address

JACKSONVILLE FL 32239  
City, State & Zip

904 743 7200  
Daytime Telephone number

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 NOV - 2 AM 11:45

**FILED**

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

**ARTICLE I NAME**

The name of the corporation shall be:

PERCELL SANDERS MINISTRIES, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

1593 HELENA ST / P.O. BOX 88375  
JACKSONVILLE, FL 32208 JACKSONVILLE, FL 32239

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

RELIGIOUS MINISTRIES

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

APPOINTED AS STATED IN THE BYLAWS

**ARTICLE V INITIAL DIRECTORS/OFFICERS**

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

PERCELL SANDERS SR 1831 BRUSH HILL RD JACKSONVILLE, FL 32211  
LUBENE C. SANDERS 1831 BRUSH HILL RD JACKSONVILLE, FL 32211  
STEVEAN G. SANDERS 1560 DEMING DR ORLANDO, FL 32825

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

PERCELL SANDERS SR / MAIL: P.O. BOX 8804  
1593 HELENA ST JACKSONVILLE FL 32239  
JACKSONVILLE, FL 32208

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

PERCELL SANDERS SR  
P.O. BOX 11375  
JACKSONVILLE FL 32239

\*\*\*\*\*  
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.

Percell Sanders Sr.  
Signature/Registered Agent

Nov. 2, 2004  
Date

Percell Sanders Sr.  
Signature/Incorporator

Nov. 2, 2004  
Date

FILED  
04 NOV -2 AM 11:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA