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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

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

SUBJECT: INTERNATIONAL MINISTRIES OF ROATAN INCORPORATED
(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

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TALLAHASSEE, FLORIDA

FROM: DR. WARNER POST
Name (Printed or typed)

4033 So. MANHATTAN Ave. Suite 408
Address

MAILING ADDRESS – P.O. BOX 13657 33681

TAMPA, FLORIDA 33611
City, State & Zip

1 (813) 805-9785
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)

ARTICLE I NAME

The name of the corporation shall be: INTERNATIONAL MINISTRIES OF ROATAN INCORPORATED

ARTICLE II PRINCIPAL OFFICE

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

4033 SO. MANHATTAN AVE, SUITE 406 - TAMPA FL. 33611

MAILING ADDRESS P.O. BOX 13657, TAMPA, FL. 33681

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO FEED, CLOTH AND EDUCATE THE HOMELESS CHILDREN ON THE ISLAND OF ROATAN IN HONDURAS, CENTRAL AMERICA.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: DIRECTORS MEETINGS WILL BE HELD QUARTERLY TO DISCUSS CURRENT OPERATIONS AND MAKE DECISIONS ON ALL PHASES OF OPERATION. DIRECTORS WILL BE APPOINTED AT THESE MEETINGS.

ARTICLE V INITIAL DIRECTORS/OFFICERS

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

DR. WARNER POST PRESIDENT AND CHAIRMAN
VERLIE D. KNOX VICE PRESIDENT AND CO-CHAIRMAN
GERALDINE POST TREASURER AND SECRETARY

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ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DR. WARNER POST
4033 SO. MANHATTAN AVE, SUITE 406
TAMPA, FL. 33611

ARTICLE VII INCORPORATOR

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

DR. WARNER POST
4033 SO. MANHATTAN AVE, SUITE 406
TAMPA, FL. 33611

****

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.

Dr. Warner Post — 10/25/04
Signature/Registered Agent — Date

Dr. Warner Post — 10/25/04
Signature/Incorporator — Date