

NO 500000 9042

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 SEP - 1 PM 12:10

MRP
9/2

TRANSMITTAL LETTER

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

SUBJECT: Emor Ministries, 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

FROM: CLAYTE MORGAN
Name (Printed or typed)

5219 BON VIVANT DRIVE # 216
Address

TAMPA, FLORIDA 33603-1834
City, State & Zip

(813) 220-4604
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:

Emor Ministries, Incorporated

ARTICLE II PRINCIPAL OFFICE

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

5219 Bon Vivant Drive # 216
Tampa, FL 33603

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To teach the Word of God, from Genesis to The Revelation, that Yeshua is Messiah.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The Ministry shall have three Directors initially. The President shall manage the affairs of Emor Ministries, Inc. in consultation with the Board. Directors shall be elected at the first annual meeting, in accordance with the by-laws.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Clayte Morgan PD	Denise Holland, MD D	Karen Campbell VPSD
5219 Bon Vivant Drive	235 Excalibur Drive# 216	4515 River Front Lane Apt # T-104
Tampa, FL 33603	Newtown Square, PA 19073	Tampa, FL 33603

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

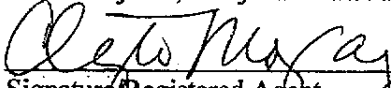
Clayte Morgan 5219 Bon Vivant Drive # 216 Tampa, FL 33603

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Clayte Morgan 5219 Bon Vivant Drive # 216 Tampa, FL 33603

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 CLAYTE MORGAN

8-29-05
Date


Signature/Incorporator
CLAYTE MORGAN

8-29-05
Date