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Office Use Only

# **COVER LETTER**

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

# SUBJECT: BLOOD COVENANT EVANGELISTIC OUTREACH INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for :

STO.00 Filing Fee Status

☐\$78.75 Filing Fee & Certified Copy

S87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COP	Y REQUIRED
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FROM: BRENDA COLSTON Name (Printed or typed)

> 6030 N.W. 23 COURT Address

MIAMI, FLORIDA 33147 City, State & Zip

786-223-6631

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:

BLOOD COVENANT EVANGELISTIC OUTREACH INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 6030 N. W. 23 COURT, MIAMI FLA. 33147

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO HELP PEOPLE BE PRODUCTIVE IN THEIR COMMUNITY

#### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: THE PRESIDENT WILL APPOINT

## ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

MILDRED MEEKS 16301 N. W. 17 PLACE, MIAMI FLA. 33054 SECRETARY BERNICE W. WELLS 18035 N. W. 43 COURT, MIAMI GARDENS, FL. 33055, TREASURER BRENDA COLSTON 6030 N. W. 23 COURT, MIAMI FL. 33147, PRESIDENT

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

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: BRENDA COLSTON 6030 N. W. 23 COURT, MIAMI, FL. 33147

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: BRENDA COLSTON 6030 N. W. 23 COURT, MIAMI, FL. 33147

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 theyappointment as registered agent and agree to act in this capacity.

Signature/Registered Agent

 $\frac{\cancel{4} \cdot \cancel{3} \cdot \cancel{6} \cdot \cancel{0} \cdot \cancel{6}}{\cancel{1} \cdot \cancel{3} \cdot \cancel{6} \cdot \cancel{6}}$   $\frac{\cancel{4} \cdot \cancel{3} \cdot \cancel{6} \cdot \cancel{6}}{\cancel{1} \cdot \cancel{1} \cdot \cancel{1}$ 

FILED

06 MAY -2 PH 4:00

SECRETARY OF STATE TALLARASCEE, FLOMDA

Signature/Incorporator