# NO 600010839

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
(Do	cument Number)	
Certified Coples	_ Certificates	of Status
Special Instructions to	Filing Officer:	



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SECRETARY OF STATE

Office Use Only

# **COVER LETTER**

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

SUBJECT: NAHBI M	IINISTRIES INTERNATI PROPOSED CORPORAT	ONAL, INC. E NAME – <u>MUST INCLUI</u>	DE SUFFIX)	<del></del>
Enclosed is an original a	and one(1) copy of the Artic	les of Incorporation and a	check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		\$87.50 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	REV. DR. SAMUEL D. PA	GAN inted or typed)	<del>.</del>	ting the second
P. O. BOX 442205 Address				e e e e e e e e e e e e e e e e e e e
	MIAMI, FLORIDIA 3144 City, S	state & Zip	<del>-</del>	or tarmer,
	(305) 300-8692 Daytime Te	lephone number	<del>-</del>	no son estados

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

CHECK #1009 #78.75 10/12/06

# ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

#### ARTICLE I NAME

The name of the corporation shall be:

NAHBI MINISTRIES INTERNATIONAL, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

7525 W. 20TH AVENUE HIALEAH, FL. 33014

P. O. BOX 442205 MIAMI, FL. 33144- (MAILING ADDRESS)

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO DEVELOP ALL ACTIVITIES AUTHORIZED TO A CHRISTIAN CHURCH AND INTERNATIONAL MINISTRIES OF OUR LORD JESUS CHRIST. TO PREACH, TO TEACH, TO EVANGLIZE, PASTORAL COUSELING, DISCIPLESHIP, CELL GROUPS, TO CELEBRATE WEDDINGS FUNERALS, AND BAPTISMS, AND ANY OTHER ACTIVITY AUTHORIZED TO CHRISTIAN CHURCHES BY THE LAW OF THE STATE OF FLORIDA AND THE UNITED STATES.

#### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

WILL BE EXPLAINED IN THE BY LAWS.

# ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

REV., DR. SAMUEL D. PAGAN, PRESIDENT-1439 SE 24 COURT HOMESTEAD, FL. 33035 MAYRA V. PAGAN, VICE-PRESIDENT-1439 SE 24 COURT HOMESTEAD, FL. 33035 RAFAEL D. PAGAN, DIRECTOR-1439 SE 24 COURT HOMESTEAD, FL. 33035 SARAH E. PAGAN, DIRECTOR-1439 SE 24 COURT HOMESTEAD, FL. 33035

# ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

REV., DR. SAMUEL D. PAGAN-1439 SE 24 COURT HOMESTEAD, FL. 33035

#### ARTICLE VII \_ INCORPORATOR

The name and address of the Incorporator is:

REV, DR, SAMUEL D, PAGAN-1439 SE 24 COURT HOMESTEAD, FL. 33035

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

Signature/Incorporator

Date /

Date