## N07000004820

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
,	

Office Use Only



000102130720

05/15/07--01011--022 \*\*78.75

DCr., H. 1812 of STATE IVISION OF CORPORATION TALL, AHASSEE, FLORIDA

RECEIVED

FILED 07 HAY 15 PH 12: 0 ECKETARY OF STATE

D. WHITE MAY 15 2007

## **COVER LETTER**

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

SUBJECT: House of PRAYER Out Reach Ministry

(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

\$78.75

Filing Fee & Filing Fee

Certificate of

Status

\$87.50

Filing Fee,

□\$78.75
Filing Fee
& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: EVANGE List Phi/lis Brantum
Name (Printed or typed)

6309 Sue Page DR
Address

TALLAHASSER FLORIDA 32310
City, State & Zip

(850) 576 - 2259 (CELL) 850 - 359-0627

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:  House OF PRAYER OUT REAC	h Ministry_OORP
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation	shall be:
In Holton St.  Tailnhassee FLA 32310  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  To help the needle and less Fortune & Original Addict, Ect, and to Miniter to wo of God. Change Life's, of the Lose ARTICLE IV MANNER OF ELECTION  The manner in which the directors are elected or appointed:  The are she must be a member of the Faith, and have the same goals + Vicinity	e outreach and Full of
Phullis Rrantum - Ellange List	
TALLAHASSEE, FL 32310	TALLARY TO
The name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and address of the Incorporator is:  Phyllis Brantum  359 Sue Page DR	
Having been named as registered agent to accept service of process for the above	• • • • • • • • • • • • • • • • • • • •
in this certificate, I am familiar with and accept the appointment as registered a  Signature Registered Agent	igent and agree to act in this capacity. $\frac{3-6-07}{\text{Date}}$
Phylis Brantum Signature/Incorporator	3-4-07 Date