

NO 8000001104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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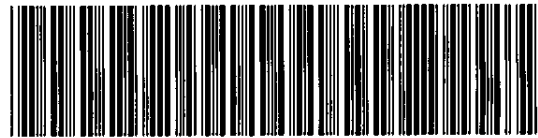
(Business Entity Name)

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*J* 12/10/08

COVER LETTER

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08 DEC 10 PM 4:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT: Revival Faith Center Ministries Life Enrichment CTR  
(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: Linda D. Hines  
Name (Printed or typed)

39 EL Court  
Address

Crawfordville, FL 32327  
City, State & Zip

850 421-3938  
Daytime Telephone number

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

## **Articles of Incorporation For**

REVIVAL FAITH CENTER MINISTRIES LIFE ENRICHMENT  
CENTER, INC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a Florida not-for-profit corporation, hereby adopts the following Articles of Incorporation:

### **Article I**

The name of the corporation is:

REVIVAL FAITH CENTER MINISTRIES LIFE ENRICHMENT  
CENTER, INC

### **Article II**

The principal place of business address:

503 NORTH MACOMB STREET,  
TALLAHASSEE, FL. 32301

The mailing address of the corporation is:

503 NORTH MACOMB STREET,  
TALLAHASSEE, FL. 32301

### **Article III**

The specific purpose for which this corporation is organized is:

ORGANIZE FOR RELIGIOUS WORSHIP IN ACCORDANCE WITH THE  
TENETS, FAITH AND PRACTICES OF RFC. PERFORM MARRIAGE  
CEREMONIES, PERMIT DIVORCE ON BIBLICAL GROUNDS TO ORGANIZE  
CHURCHES, MISSIONS, OUTREACH PROGRAMS, EDUCATIONAL  
INSTITUTIONS, ETC.

### **Article IV**

The manner in which directors are elected or appointed is:

APPOINTED AS STATED IN THE BYLAWS

### **Article V**

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

LINDA D HINES PASTOR  
39 ELI COURT  
CRAWFORDVILLE, FL. 32327

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature:

*Linda D. Hines*

**Article VI**

The name and address of the incorporator is:

PASTOR LINDA HINES  
39 ELI COURT  
CRAWFORDVILLE, FL 32327

Incorporator Signature:

*Linda D. Hines*

**Article VII**

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P  
LINDA D HINES PASTOR  
39 ELI COURT  
CRAWFORDVILLE, FL. 32327

Title: S  
*Demond Copeland*  
*1280 Kissie Street*  
*Tallahassee, FL 32310*

Title: T  
*Knotyka Jones*  
*1788 Oak Court*  
*Tallahassee, FL 32308*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 DEC 10 PM 4:17

FILED