

ND900000/13/5

(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



800142977018

02/09/09--01062--009 \*\*79.00

2009 FEB -9 P 12:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

FEB 10 2009  
D. A. WHITE

## COVER LETTER

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

**SUBJECT:** The Consecrated Service Ministries Inc  
(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:** Myra Pace-Paul  
Name (Printed or typed)

1475 N. 1st. Street  
Address

DeFuniak Springs, FL 32433  
City, State & Zip

(850) 572-0867  
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:

The Consecrated Service Ministries Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

1475 N. 1st Street  
DeFuniak Springs FL 32433

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose is to provide spiritual support and education through consecrated worship services. The corporation will provide a men's spiritual support program through small group sessions titled Sons of Thunder and community outreach program title Alms Ministry.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

The directors will be appointed

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

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

Myra Pace-Paul  
1475 N. 1st Street  
DeFuniak Springs FL 32433

Efrim Paul  
1475 N. 1st Street  
DeFuniak Springs FL 32433

Leisha McKinley-Beach  
2329 Holton Street  
Tallahassee, FL 32310

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

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

Myra Pace-Paul  
1475 N. 1st Street  
DeFuniak Springs FL 32433

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Myra Pace-Paul; 1475 N. 1st Street; DeFuniak Springs FL 32433

\*\*\*\*\*  
*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.*

Myra Pace-Paul  
Signature/Registered Agent

2/7/07  
Date

Myra Pace-Paul  
Signature/Incorporator

2/7/09  
Date

**FILED**

2009 FEB -9 P 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA