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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

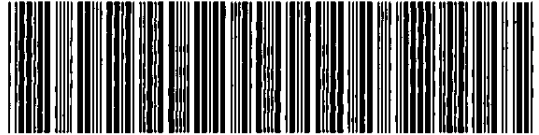
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 OCT 13 PM 4:34

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COVER LETTER

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

SUBJECT: Apostolic Powerhouse Ministry International

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

FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FROM: DRS. JOHN & Toni BLISS
Name (printed or typed)

P.O. Box 121724
Address

CLERMONT, FLORIDA 34712
City, State & Zip

1-352-460-2343 - 1-352-556-1006
Daytime Telephone Number

COVER LETTER

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

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TALLAHASSEE, FLORIDA

DRS. John & Toni BLISS
Name (printed or typed)

P. O. Box 121724
Address

CLERMONT, FL 34711
City, State & Zip

1-352-460-2343 cell (cell) 1-352-460-2344-(Toni)
Daytime Telephone Number

jfbliiss@yahoo.com

E-mail address: (to be used for future annual report notification)

**NOT FOR PROFIT
CERTIFICATE OF DOMESTICATION**

The undersigned, x John F. Bliss, x Senior Pastor
(Name) (Title)
of x Apostolic Powerhouse Ministry International Inc. a foreign Corporation
(Corporation Name)
in accordance with section 617.1803, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was x April 10, x2005.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was x Michigan.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was x Apostolic Powerhouse Ministry International Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 617.01201 and 617.0202 with this certificate is x Apostolic Powerhouse Ministry International Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was x Roseville, Michigan 48066.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 617.1803.

I am x President, of x Apostolic Powerhouse Ministry International Inc.,
and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done
so this the x 9 day of x October, x 2009.

x John F. Bliss
(Authorized Signature)

Filing Fee:

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

X Apostolic Powerhouse Ministry International Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address shall be:

X 13914 VISTA DEL LAGO BLVD
CLERMONT, FL 34711**ARTICLE III PURPOSE**

The purpose for which the corporation is organized:

X MINISTRY AND Bible college / School

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

X President Appointed-

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

The name(s) and address(es) and specific title(s):

X (O) Rev KATHLEEN A. HAGERMAN - 17139 FLINT AVENUE - MELWINDALE, MI 48122
 (O) Rev Kevin D. JARRETT - 627 ARDEN AVE - STEUBENVILLE, OH 43952
 (O) DR. Michelle DICKMAN - 20510 ALGER - ST. CLAIR SHORES, MI 48080
 (VP) DR. Toni Bliss / (AND) (P) - DR. John F. Bliss - 13914 VISTA DEL LAGO BLVD - CLERMONT, FL 34711

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

X Dr. John Bliss 13914 VISTA DEL LAGO BLVD
CLERMONT, FL 34711**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

X Dr. John F. Bliss - 13914 VISTA DEL LAGO BLVD
CLERMONT, FL 34711

Having been named as registered agent and 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.

X Dr. John F. Bliss
 Signature/Registered Agent

X 10/9/09
 Date

X Dr. John F. Bliss
 Signature/Incorporator

X 10/9/09
 Date

SECRETARY OF STATE
 TALDAHUSSE, FLORIDA

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