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# **COVER LETTER**

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

SUBJECT:	Major Care Ministries Inc. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			
Enclosed is an original  \$70.00  Filing Fee	and one (1) copy of the Artic    \sum \frac{1}{2} \frac{5}{78.75}  Filing Fee &  Certificate of  Status	les of Incorporation and  \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate	
FROM: Major care Ministries Inc  Name (Printed or typed)  545 E Tennessee St  Address				
Tallahassee, Fla 32303  City, State & Zip  850-322-5458  Daytime Telephone number				
Coopercs12@yahoo.com				

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

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

### ARTICLES OF INCORPORATION

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

#### ARTICLE I NAME

The name of the corporation shall be:

Major Care Ministries Inc.

#### ARTICLE II PRINCIPAL OFFICE

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

545 E Tennessee St

Tallahassee, FC 32304

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To minister to the community and provide a way of escape for those persons dealing with difficult problems and the challenging of life.

#### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

By overseer of True Light Ministries

# ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

James A Harris Jr, 545 E Tennessee St Tallahasse, Fl 32306, Pastor Carlisa S Harris 545 E Tennessee St. Tallahassee, FI 32306, Co-Pastor

# ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

CARLINA S. COOPER 5684 DODNESBURY

THUAHASSBE, FC 32303

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

James A Harris Jr. 545 E Tennessee St., Tallahassee, Fl 32306

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 familial with and accept the appointment as registered agent and agree to act in this capacity.

84 DOONES BURY WAY

THILAMASSEC FL 32303

ignature/Incorporator

Date
4/53/20/8
Date