

N10000011694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

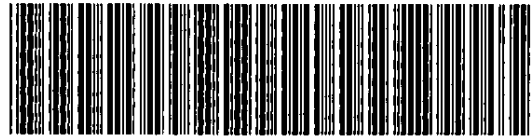
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/10/10--01009--011 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 DEC 17 PM 5:50

APPROVED
AND
FILED

VIN

1-2-5-3-4-5-6

COVER LETTER

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

SUBJECT: LIGHT OF LIFE WORLD OUTREACH
(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: LIGHT OF LIFE WORLD OUTREACH
Name (Printed or typed)

11649 VISTA VIEW DR
Address

ORLANDO FL 32836
City, State & Zip

407-778-1203
Daytime Telephone number

JRMISKO@FL.RR.COM
E-mail address: (to be used for future annual report notification)

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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 2, 2010

REV JOAN R. Misko
11647 VISTA VIEW DRIVE
ORLANDO, FL 32836

SUBJECT: LIGHT OF LIFE WORLD OUTREACH
Ref. Number: W10000053455

We have received your document for LIGHT OF LIFE WORLD OUTREACH and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

An effective date **may** be added to the Articles of Incorporation **if a 2011 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 410A00026767

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

LIGHT OF LIFE WORLD OUTREACH INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

11647 VISTA VIEW DR
ORLANDO FL 32836

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SPREAD THE GOSPEL OF JESUS CHRIST AS PERSONAL LORD AND SAVIOR -
TO INCLUDE PREACHING AND TEACHING, MISSIONARY WORK -

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: VOTED IN-
AND VOLUNTEER TO SERVE -

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN R. MISKO REV - Pres Name and Title: _____

Address: 11647 VISTA VIEW DR Address: _____
ORLANDO FL 32836

Name and Title: SHARON MISKO V.P. Name and Title: _____

Address: 11647 VISTA VIEW DR Address: _____
ORLANDO FL 32836

Name and Title: JOHN R. MISKO TREASURER Name and Title: _____

Address: 11647 VISTA VIEW DR Address: _____
ORLANDO, FL 32836

APPROVED
FILED
10 DEC 17 PM 5:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: REV JOHN R. MISKO
Address: 11647 VISTA VIEW DR
ORLANDO, FL 32836

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LIGHT OF LIFE WORLD OUTREACH JOHN R. MISKO
Address: 11647 VISTA VIEW DR
ORLANDO, FL 32836

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

Required Signature of Registered Agent

Date

11-16-10

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature of Incorporator

Date

11-16-10