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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

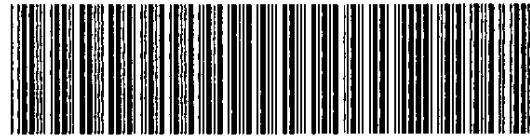
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2011 FEB - 1 PM 4:41  
TALLAHASSEE, FLORIDA

T. Burch FEB 2, 2011

## COVER LETTER

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

SUBJECT: MINISTERS OF RECONCILIATION INTERNATIONAL  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)  
OUTREACH MINISTRIES INC.

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: DERRICK LEONARD GIBSON SR.  
Name (Printed or typed)

2518 LAKEWAY BRANCH DR  
Address

ORLANDO, FLORIDA 32839  
City, State & Zip

407-511-7025  
Daytime Telephone number

SOULSURVIVOR1921@Hotmail.com  
E-mail address: (to be used for future annual report notification)

**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: MINISTERS OF RECONCILIATION INTERNATIONAL OUTREACH  
MINISTRIES INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2518 LAKEWAY BRANCH DR.  
ORLANDO, FLORIDA 32839

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: THE MINISTRY WILL SOLELY REESTABLISH  
AN EDUCATE MEN, WOMEN, AND YOUTH THROUGH EDUCATIONAL  
PROGRAMS OUTSIDE OF ESTABLISHING A FIRM KNOWLEDGE OF THE  
WORD JESUS CHRIST THROUGH SCRIPTURAL TEACHING.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:  
THE DIRECTORS WILL BE ELECTED THROUGH  
THE HEAD DIRECTORS APPOINTMENT

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

Name and Title: DERRICK L. GIBSON, PRESIDENT  
Address: DIRECTOR  
2518 LAKEWAY BRANCH DR.  
ORLANDO, FLORIDA 32839

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: VERONICA D. GIBSON, VICE  
Address: PRESIDENT/DIRECTOR  
2518 LAKEWAY BRANCH DR.  
ORLANDO, FLORIDA 32839

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: REV. MARK BETTERSON, SEC.  
Address: STORY/DIRECTOR  
2518 LAKEWAY BRANCH DR.  
ORLANDO, FLORIDA 32839

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: DERRICK LEONARD GIBSON  
Address: 2518 LAKEWAY BRANCH DR.  
ORLANDO, FLORIDA 32839

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DERRICK LEONARD GIBSON  
Address: 2518 LAKEWAY BRANCH DR.  
ORLANDO, FLORIDA 32839

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

Derrick Leonard Gibson Jr.  
Required Signature of Registered Agent

JAN. 25, 2011  
Date

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.

Derrick Leonard Gibson Jr.  
Required Signature of Incorporator

JAN. 25, 2011  
Date

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STATE  
TALLAHASSEE, FLORIDA