

N11000002288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

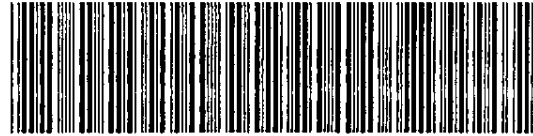
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 03/08/11

COVER LETTER

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

SUBJECT: _____
(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: LifeLine Outreach Ministries, Inc.
Name (Printed or typed)

4784 NW 167th Street
Address

Miami Gardens, FL 33014
City, State & Zip

305 360-3633
4784 NW 167th Street Phone number

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 LifeLine Outreach Ministries Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
4784 NW 167th Street
Miami Gardens, Fl. 33014

Mailing address, if different:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A religious organization advancing the Kingdom of God by meeting the needs of the people and the communities they serve through Full Gospel places of worship, schools, social services, and community outreach through all sources of media, thus providing food, clothing and housing.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

The organizing directors are appointed by the Founder and President and thereafter by the President with approval of the majority of Directors.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. Calvin Russell-Founder & President
Address: 4784 NW 167th Street
Miami Gardens, Fl. 33014

Name and Title: Joe E. Russell-
Address: 4784 NW 167th Street
Miami Gardens, Fl. 33014

Name and Title: Jannie L. Russell- VP
Address: 4784 NW 167th Street
Miami Gardens, Fl. 33014

Name and Title: Elizabeth Mortimer
Address: 4784 NW 167th Street
Miami Gardens, Fl. 33014

Name and Title: Goddess Kimbrough-Sec
Address: 4784 NW 167th Street
Miami Gardens, Fl. 33014

Name and Title: Rose Tydus
Address: 4784 NW 167th Street
Miami Gardens, Fl. 33014

ARTICLE VI REGISTERED AGENT

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

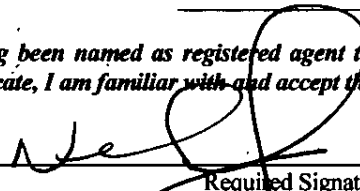
Name: DeShawn Williams
Address: 3869 NW 125th Street
Opa-Locka, Fl 33054

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Calvin Russell
Address: 4784 NW 167th Street
Miami Gardens, Fl. 33014

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

Jan. 1, 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.


Required Signature of Incorporator

Jan. 1, 2011

Date