N1100003221

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Rusiness Entity Name) | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| Special instructions to Filing Officer. | | | | | |

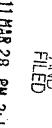
Office Use Only



900198361149

03/28/11--01021--007 **87.50

SECRETALLY OF STATE ALLIAHASSEE. FLORIDA



COVER LETTER

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

| Bay Word Ministries International, Inc. | | | | | |
|--|--|---|--|--|--|
| , | (PROPOSED CORPORATION OF the Artic | | | | |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL C | \$87.50 Filing Fee, Certified Copy & Certificate OPY REQUIRED | | |
| FROM: Bay Word Ministries International, Inc. Name (Printed or typed) 11509 Misty Isle Lane Address | | | | | |
| Riverview, FL 33579 City, State & Zip 813-777-9871 | | | | | |

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

11509 Misteysime and ephone number

KCcityplan@aol.com

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 617, F.S., (Not for Profit)

| ARTICLE I The name of the | NAME Bay Word Ministries Int | ernational, I | nc. |
|---------------------------------------|---|--|---|
| ARTICLE II | PRINCIPAL OFFICE Principal street address 11509 Misty Isle Lane Riverview, FL 33579 | | Mailing address, if different is: 11509 Misty Isle Lane Riverview, FL 33579 |
| | PURPOSE which the corporation is organized is: is to establish places of worship and to | eaching for | God's people. Also, but not limited to |
| evangelizing | g and meeting the needs of our communities the Gospel under our covering. | | |
| ARTICLE IV | MANNER OF ELECTION The manner in v | | |
| The senior p | pastor/president shall nominate and the | | rectors shall confirm to office. |
| ARTICLE V | INITIAL OFFICERS AND/OR DIRECTOR | <u> </u> | 1. Obsistanta t. Osdanski Misa Dana & Disaster |
| Name and Address: | Title: Patricia M. Sodmont - Founder & Pres. 11509 Misty Isle Lane | | 11509 Misty Isle Lane |
| Address. | Riverview, FL 33579 | . Address. | Riverview, FL 33579 |
| | | • | |
| Name and | Title: Ann Douglas - Secretary & Director | Name and Tit | le: Melissa Marchese - Treasurer & Director |
| Address: | 1813 Citrus Orchard Way | Address: | 1306 Village Court |
| | Valrico, FL 33594 | | Brandon, FL 33511 |
| | | . N | 1 |
| Name and Address: | Title: | Address: | ie; |
| 11441055 | | | |
| | | • | |
| ARTICLE VI | REGISTERED AGENT | | ₹: |
| | lorida street address (P.O. Box NOT acceptable) of | the registered ag | gent is: |
| Name: | Patricia M. Sodmont | • | ALS: 11 |
| Address: | 11509 Misty Isle Lane Riverview, FL 33579 | | HAR LAHA |
| | KIVEIVIEW, PL 33379 | • | |
| | | • | 28 FI |
| ARTICLE VII | INCORPORATOR | | m _C → m≥ |
| | ddress of the Incorporator is: | | |
| Name: | Patricia M. Sodmont | | 8 2 |
| Address: | 11509 Misty Isle Lane | - | ₽ ₩ ₽ |
| | Riverview. FL 33579 | • | - CM |
| 17 t t | | for the above | stated comporation at the place designated in this |
| certificate, I am | med as registered agent to accept service of proces familiar with and accept the appointment as registers | s jor me above ed agent and age | ree to act in this capacity |
| | (212 115 | | |
| ——— | Pat Mosoff | | 3-24-11 |
| V | Required Signature of Registered Agent | | Date |
| I submit this doc to the Departmen | ument and affirm that the facts stated herein are tri nt of State constitutes a third degree felony as provide | ie. I am aware i ed for in s.817.1: | that any false information submitted in a document 55, F.S. |
| | of 21 delat | | 3-24-11 |
| | Required Signature of Incorporator | | Date |
| ~ | required Digitative Of Interpolator | | |