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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Dr. Carine gules
AUTHORIZATION BY PHONE TO
DATE 27/12/11
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COVER LETTER

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

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ife Matters International Relief, Incorporated **SUBJECT:**

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

S70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status

\$78.75	∇
\$78.75 Filing Fee	
& Certified Copy	

\$87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: <u>Rev. Dr. Carine Jules</u> Name (Printed or typed)

P.O. Box 29413 Address

Charlotte, NC 28229 City, State & Zip

(704) 493 - 2948 Daytime Telephone number

E-mail address: (16 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)

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	Principal street address		Mailing address, if different is:
	14630 N. W. 7th Avenue		P.O. BOX 29413
	North Miami, FL 331	<u> </u>	Charlotte, NC 28229
ARTICLE III I	PURPOSE		
The purpose for whic	th the corporation is organized is: To pr	comste and prop	pogate the word of God allover the
To help the son	r and feed and dath - the		
poor children a	everywhere the Lord leads us	sto. To make	children and establish orphanic a positive difference in the world
ARTICLE IV	IANNER OF ELECTION The mann	er in which the directors	s are elected and appointed: perpetuel po
for president	and secretary, OTher o	Directors	and the second period po
/ · · /	secretary, Onerjo	WICE TS CIECTED	every two years.
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	<u>CTORS</u>	Cassandra Pierre Secreta 14630 N.W. 746 Ave.
Name and Thie	111 20 MW THE AND	Addresse	LULZO NOR THE BAR
Audress.	_N. Miami, FE 33/69	Audress.	N. Miami, FE 33169
	<u></u>	1. fresident	<u> </u>
Name and Title:		. fresident ice - Name and Title	
Address:	14630 N. W. 7 + Are.	Address:	14630 N.W. 7th Ave
_	N. Miami, FL 33169		N. Miami, FL 33169
	/		
Name and Title:		Name and Title:	
Address:		Address:	
	EGISTERED AGENT		
	a street address (P.O. Box NOT acceptabl		nt is:
Name:	Rev. Dr. Carine Jules		Finn
Address:	14630 N.W. 7th Ave		
	N. Miami, FL 33169		
			THE R
ARTICLE VII II	NCORFORATOR		
	ss of the Incorporator is:		
Name:	Rev. Dr. Carine Jule	<u>ડ</u>	de P P
Address:	14630 N.W. 7th Are		
	N. Miami, F. 3316	9	
	- 		
The state of the s		, . . ,	77.5
	as registered agent to accept service of p iar with and accept the appointment as reg		tated corporation at the place designated in this

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

<u>04/04/2011</u> Date