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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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## **COVER LETTER**

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

SUBJECT: James T. Ezekiel Ministries, Inc.					
	(PROPOSED CORPORATE	E NAME – <u>MUST INCLU</u>	<u>JDE SUFFIX</u> )		
Enclosed is an original	and one (1) copy of the Artic	les of Incorporation and	I 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 CO	OPY REQUIRED		
FROM:	James T. Ezekiel	nted or typed)	_		
	4549 Westover D	r			
Address					
Tallahassee, FL_32303					
City, State & Zip					
850.264.2765  4549 Wesheyen Telephone number					
jtezekiel@hotmail.com  E-mail address: (to be used for future annual report notification)					
L-man address, (to be used for future annual report normalition)					

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 The name of the o	NAME James T. Ezekiel Ministerporation shall be:	stries, Inc.	
ARTICLE II	PRINCIPAL OFFICE		
	Principal <u>street</u> address		Mailing address, if different is:
	4549 Westover Dr		
	Tallahassee, FL 32303		
ARTICLE III	PURPOSE		
The purpose for	which the corporation is organized is:		
making of distribut section of any futu educational opport	ire federal tax code. Said organization is organized to pro	s under section 50 ovide character and g counties in Florid	01(c)(3) of the Internal Revenue Code, or the corresponding and life skills building, financial education, and academic da. The corporation is organized to promote, encourage,
ARTICLE IV	MANNER OF ELECTION The manner in	which the direc	tors are elected and appointed:
The manner	in which the directors are elected or ap	opointed is p	provided in the bylaws of the corporation.
ARTICLE V			
Name and	Title: James T, Ezekiel	Name and T	itle: Sheri M. Ezekiel Chief Operations Officer
Address:	Chief Executive Director Officer	Address:	Chief Operations Officer
	4549 Westover Dr	_	4549 Westover Dr Tallahassee, FL 32303
	Tallahassee, FL 32303	<del></del>	
Name and	Title:Katisha Mobley	Name and T	itle:
Address:	Treasurer	Address:	
	2132 Wesley Ct.	<del></del>	
	Tallahassee, FL 32303		
Name and	Title:	Name and T	itle:
Address:		Address:	
	-	_	—————————————————————————————————————
		<del></del>	JUN
	REGISTERED AGENT		ı oj.
	lorida street address (P.O. Box NOT acceptable) c	of the registered a	agent is:
Name:	James T. Ezekiel		CORPOR ST
Address:	4549 Westover Dr		PFS
	Tallahassee, FL 32303	-	RAI
		_	<b>9</b>
ARTICLE VII			SS SS
	ddress of the Incorporator is:		
Name:	James T. Ezekiel 4549 Westover Dr	_	
Address:	Tallahassee, FL 32303	<del></del>	
	Tallatia5366, TC 32000		
certificate, I am j	familiar with and accept the appointment as registe	red agent and a	
Van	es 1. Epil		<u>6/2/11</u>
	Required Signature of Registered Agent		Date
I submit this doc to the Departmen	cument and affirm that the facts stated herein are t at of State constitutes a third degree felony as provi	true. I am award ded for in s.817.	e that any false information submitted in a document
Turn	es 7. Em		6/2/11
	Required Signature of Incorporator	•	<u> 6/2/11</u> Date