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## COVERLETTER

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

SUBJECT:	Covenant Evangelistc Ministries, $C_{OIP}$ ,			
	(PROPOSED CORPORAT	ENAME-MUST INCLUDIZ SUFFIX)		
Enclosed is an origina	land one (1) copy of the Artic	cles of Incorporation and a check for :		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate		
		ADDITIONAL COPY REQUIRED		
FROM	<sub>f.</sub> <b>Barbara Wilson-i</b> Name (Pri	Naim (Va.; s.n.)		
	5650 N.W. 187th	Street		
	A	Adress		
	Mami Gardens, Flo			
	• • • •	tate & Zip		
	305-620-6479 or 3			
	naimcharles 78( E-mail address: (to be used for fi			

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

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

11 JUN -6 AM 10: 47

INVISION OF CORPORATIONS

May 27, 2011

BARBARA WILSON-NAIM 5650 NW 187TH STREET MIAMI GARDENS, FL 33055-5336

SUBJECT: COVENANT EVANGELISTIC MINISTRIES

Ref. Number: W11000029422

We have received your document for COVENANT EVANGELISTIC MINISTRIES and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 611A00013160

## ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

	•			
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address		Mailing address, if different i	s:
	5650 N.W. 187th Street		P.O. Box 173423	
	Marri Gardens, Florida 33055-5336		Hialeah, FL 33017	
ARTICLE III	PURPOSE			
The purpose for wi	nich the corporation is organized is:			
To Preach an	d Teach The Word of God. To feed	The Homele	ss, and give out dothing. To	help the
less fortunate	at Thanksgiving time, at Christmes tir	ne (for the d	children), back to school drive	and .
	sales to raise money for a building.	•		•
ARTICLEIV	MANNER OF BLECTION The member in v	which the director	rs are elected and appointed:	
Appointed by	Founder			
ARTICLE V	INTIAL OFFICERS AND/OR DIRECTOR		~~	4 \$
	tle: Barbara Wilson-Naim (President)		Stafford Charles Naim, Jr. (Dire	<u>∋ctor)</u>
Address:	5650 N.W. 187th Street Marri Gardens, Florida 33055-5336	Address:	5650 N.W. 187th Street Mami Gardens, Florida 33055	<del></del>
	Wall Calcals, Holds 3000-000		Wall Gada's, Hulua 2000	3220
	tle: Stafford Charles Nairn, III (Director)		e: Barbara Wilson-Naim (Secretary/	reasury)
Address:	5650 N.W. 187th Street	Address:	5650 N.W. 187th Street	
	Mami Gardens, Florida 33055-5336		Mami, Gardens, Florida 33055	<u> </u>
Nhora and Th	Ho. Issaels Lieu es Abries (Dissetor)	Name and Title		
Address:	tle: Joseph Harvey Naim (Director) 5650 N.W. 187th Street	Name and Title Address:	5 <u> </u>	
Paracess.	Marri Gardens, Florida 33055-5336	Facilities.		
			Gran K Life	
harmon and Flor	RECESTERED ACENT ida street address (P.O. Box NOT acceptable) of t	tha maiatanad aa	المؤلفة الأراث المسافقة المس	
Name:	Barbara Wilson-Naim	ne registeren sæ	31 S.	
Address:	5650 N.W. 187th Street		<u> </u>	⊱< <b>ດ</b> າ
	Mami Gardens, Florida 33055-5336		デート が <sub>ない</sub>	
			\frac{1}{2} \text{2}	
RICLE VII	INCORPORATOR  ress of the Incorporator is:			£ +
Name:	Barbara Wilson-Naim			~
Address:	5650 N.W. 187th Street			
	Marri Gardens, Florida 33055-5336			
Inius ham was	nd as registered agent to accept service of proces	s for the above	Stated communities at the slave desired	usted in thi
	riliar with and accept the appointment as registere			······································
	(1).1.			
<b>1</b>	111111111111111111111111111111111111111		May 26th, 2011	
hashara 1	NUUM - KIUINN		***	_
Barbara	NUMY - NUM  Required Signature of Registered Agent		Date	
Barbara			·	_
	nert and affirm that the facts stated herein are tru		hat any false information submitted in	a documen
			hat any false information submitted in	a doc <del>umen</del>
	nert and affirm that the facts stated herein are tru		hat any false information submitted in	a documen