

N11000005741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

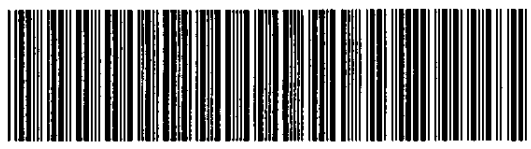
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2011 JUN 13 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SC  
6-13-11

## COVER LETTER

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

SUBJECT: LFE Ministries, Inc.

(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: Patrick Culpepper

Name (Printed or typed)

PO Box 1032

Address

Mango, FL 33550

City, State & Zip

813-664-1966

Daytime Telephone number

ciaradesigns@tampabay.rr.com

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

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SECRETARY OF STATE  
TALLAHASSEE, FL 32314

**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

The name of the corporation shall be: LFE Ministries, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
3801 N. 41st Street  
Tampa, FL 33610

Mailing address, if different is:  
PO Box 1032  
Mango, FL 33550

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to create a charitable organization to teach, support and encourage young people to be more involved in their community and to live balanced lives. To also be productive members of society through education.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Appointed by President and Vice President

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patrick R. Culpepper, President  
Address: 12722 Flint Lake Drive  
Thonotosassa, FL 33592

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: Michael C. Harrell, Vice President  
Address: 734 Cedar Knoll Drive, South  
Lakeland, FL 33809

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

## ARTICLE VI REGISTERED AGENT

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

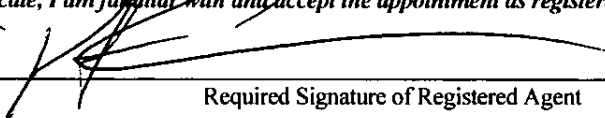
Name: Patrick R. Culpepper  
Address: 12722 Flint Lake Drive  
Thonotosassa, FL 33592

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

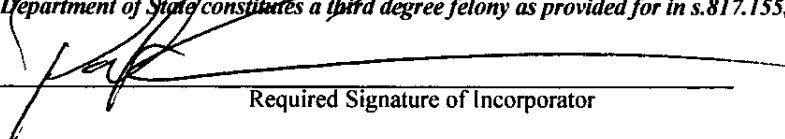
Name: Patrick R. Culpepper  
Address: 12722 Flint Lake Drive  
Thonotosassa, FL 33592

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

6/7/11  
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

6/7/11  
Date

2011 JUN 13 PM 2:30  
TALLAHASSEE, FL 32309  
SECRETARY OF STATE