

N110000007391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

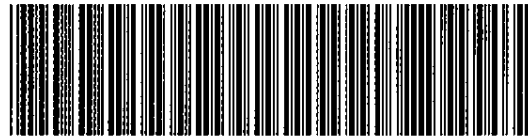
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2011 AUG -3 PM 3:10  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

8/4/11

## COVER LETTER

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

SUBJECT: LIGHT AND LIFE 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: Dr. Larry L. Deutschman

Name (Printed or typed)

5901 Alexandria Cir.

Address

Fort Pierce, FL 34982

City, State & Zip

772.201.0817

5901 ALEXANDRIA CIR  
FORT PIERCE, FL 34982  
772.201.0817  
E-mail address: relivld@comcast.net  
E-mail address: (to be used for future annual report notification)

relivld@comcast.net

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

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

*Copy*



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2011 AUG -3 PM 3:10

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 25, 2011

DR. LARRY L. DEUTSCHMAN  
5901 ALEXANDRIA CIRCLE  
FORT PIERCE, FL 34982

SUBJECT: LIGHT AND LIFE MINISTRIES, INC.  
Ref. Number: W11000038997

We have received your document for LIGHT AND LIFE MINISTRIES, INC. 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 111A00017556

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 AUG -3 AM 10:27

RECEIVED

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

~~TO FREEDOM, INC.~~  
**LIGHT AND LIFE MINISTRIES, INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5901 ALEXANDRIA CIR.

FORT PIERCE, FLORIDA

34982

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Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to operated exclusively for charitable, religious, and educational purposes as decided upon by its Board of Directors, within the meaning of Section 501(c) (3) of the Internal Revenue Code of 1986, (or any superseding section), including for such purposes, the making of distribution to organizations that qualify as exempt organizations under section 501(c) (3) of the Code.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

Initial appointment by the ministry officers and voted upon by the Board of Directors thereafter.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Dr. Larry L. Deutschman Pres. & Treas.

Address: 5901 Alexandria Cir.

Fort Pierce, FL 34982

Name and Title: N. Jeannie Deutschman, Secretary

Address: 5901 Alexandria Cir.

Fort Pierce, FL 34982

Name and Title: Roberta McCreary, Director

Address: 624 St. Lucie Crescent

Stuart, FL 34994

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: Dr. Larry L. Deutschman

Address: 5901 Alexandria Cir.

Fort Pierce, FL 34982

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Dr. Larry L. Deutschman

Address: 5901 Alexandria Cir.

Fort Pierce, FL 34982

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

July 19, 2011

\_\_\_\_\_  
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

July 19, 2011

\_\_\_\_\_  
Date