110000765

| (Re | questor's Name) | | | | |
|---|-------------------|-------------|--|--|--|
| . (Address) | | | | | |
| (Address) | | | | | |
| (Cit | y/State/Zip/Phone | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



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COVER LETTER

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

| SUBJECT: ER3 N | Ministry Inc. | | | |
|------------------------------------|--|-------------------------------------|--|--|
| 5 cbcc1 | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> I | UDE SUFFIX) | |
| | | | | |
| Enclosed is an original a | and one (1) copy of the Art | icles of Incorporation and | d 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 C | OPY REQUIRED | |
| EDOM. | Fritz E. Moore | | *************************************** | |
| Name (Printed or typed) | | | | |
| 3841 W. State Rd. 84 - unit 209 | | | | |
| Davie, Florida 33312 | | | _ | |
| City, State & Zip | | | | |
| 954-295-8150 | | | | |
| 3841 W. SPANTENER Debehonning ober | | | | |

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

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

ARTICLES OF INCORPORATION

| | In compliance with Chapter | 617, F.S., (Not for Profit) | SEASE-FILED |
|-------------------|---|---------------------------------------|--|
| ARTICLE 1 · | | | SECRETARY OF STATE DIVISION OF CORPORATIONS |
| A STATE OF THE PE | DDINGIDAL OPEROD | | 11 AUG 1 1 AM 10: 52 |
| ARTICLE II | PRINCIPAL OFFICE | Maili | an address if different in |
| | Principal street address | | ng address, if different is: |
| | 3841 W. STATE RD. 84 - UNIT 209 | | |
| | DAVIE, FLORIDA | FORT LAUDER | RDALE, FLORIDA |
| | 33312 | .33317 | |
| ARTICLE III | PURPOSE | | |
| The purpose for w | hich the corporation is organized is: | | |
| EVANGELICA | AL CHRISTIAN MINISTRY | | |
| ARTICLE IV | MANNER OF ELECTION The manner in w | | • • |
| ALL DIRECT | ORS / OFFICERS WILL BE APPOINT | ED TO POSITIONS BY | FRITZ E. MOORE |
| ARTICLE V | INITIAL OFFICERS AND/OR DIRECTOR | <u>s</u> | |
| Name and Ti | itle: FRITZ E. MOORE/MINISTRY DIRECTOR | Name and Title: | |
| Address: | P.O. BOX 121466 | Address: | |
| | FORT LAUDERDALE, FL. | | |
| | 33312 | | |
| | | | / |
| | itle: NELLIE MOORE/ASSOCIATE MINISTRY DIRECTOR | - | |
| Address: | P.O. BOX 121466 | Address: | |
| | FORT LAUDERDALE, FL. | · · · · · · · · · · · · · · · · · · · | |
| | 33312 | | |
| Nome and Ti | itle: AMANDA K. MOORE/ DIRECTOR ASSISTANT | Name and Title: | / |
| Address: | P.O. BOX 121466 | Address: | |
| Addiess. | FORT LAUDERDALE, FL. | Address. | / |
| | 33312 | | |
| | 33312 | | |
| ARTICLE VI | REGISTERED AGENT | | |
| | rida street address (P.O. Box NOT acceptable) of t | he registered agent is: | |
| Name: | FRITZ E. MOORE | | |
| Address: | 3841 W. STATE RD 84 - UNIT 209 | | |
| | DAVIE, FLORIDA | | |
| | 33312 | | |
| ADDICE D IN | *********** | | |
| ARTICLE VII | <u>INCORPORATOR</u> <u>Irress</u> of the Incorporator is: | | |
| Name: | FRITZ E. MOORE | | |
| Name: Address: | P.O. BOX 121466 | | |
| Aduress: | FORT LAUDERDALE, FLORIDA | | |
| | 33312 | | |
| Having haan nam | ed as registered agent to accept service of process | s for the above stated cornorati | ion at the place designated in this |
| | miliar with and accept the appointment as registered | | |
| | 7/ // " | | 2/0/ |
| - /- | | | 8/8/2011 |
| | Required Signature of Registered Agent | | 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