

N1100009404

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Dr Brinson

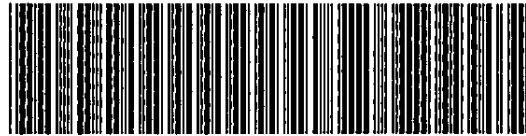
AUTHORIZATION BY PHONE TO

CORRECT Article I

DATE _____

BY _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT -4 PM 2:37

Ps 10/5/11

COVER LETTER

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

SUBJECT: Redeeming Love 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. Jerome Brinson
Name (Printed or typed)

1068 S.W MANTILLA
Address

Port Saint Lucie, 34953
City, State & Zip

1-772-878-5148
Daytime Telephone number

Brinson 921449@bell South.net
E-mail address: (to be used for future annual report notification)

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: Redeeming Love Ministries Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1068 S.W. MANTILLA
Port Saint Lucie
FL 34953

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: 1. To develop and equip Pastors and leaders in becoming effective in fulfilling the great commission of ministry 2. A crisis intervention ministry that will focus on counseling families, marriages, assisting them in resolving their conflicts in positive relationships.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:
The directors will be elected every 2 years thru the voting process of its officers.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DR. Jerome BRINSON/DIRECTOR/P
Address: 1068 S.W. MANTILLA
Port Saint Lucie
FL 34953

Name and Title: DR Linda Mullins/Secretary
Address: 3270 Dilla Strada Way
Orlando FL 32835

Name and Title: NANCY L BRINSON/DIRECTOR/T
Address: 1068 S.W. MANTILLA
Port Saint Lucie
FL 34953

Name and Title: Eugene Bickner/officer
Address: 10033 S.W. Stonegate
Drive, Port Saint Lucie
FL 34987

Name and Title: DR ERIC Mullins/Director
Address: 3270 Dilla Strada Way
Orlando, FL 32835

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. Jerome BRINSON
Address: 1068 SW MANTILLA
Port Saint Lucie
FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DR Jerome Brinson
Address: 1068 S.W. MANTILLA
Port Saint Lucie
FL 34953

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

DR Jerome Brinson

Required Signature of Registered Agent

9-29-2011

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.

DR. Jerome Brinson

Required Signature of Incorporator

9-29-2011

Date

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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