NIW	2009516
(Requestor's Name) , (Address) (Address)	800212579388
(City/State/Zip/Phone #)	10/06/1101009027 **87.5 0
(Business Entity Name) (Document Number)	DIVISION OF C 11 OCT -6
Certified Copies Certificates of Status	PH 3: 26
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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

h, Inc. **SUBJECT:**

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

\$70.00 Filing Fee	Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	OPY REQUIRED
FROM:		(LNS nted or typed)	_
	13901 Jac	kepn Street	
	Mianie, Flori City, St	<u>da 33176</u> iate & Zip	_
	<u> </u>	ephone number	_
E	<u>Yenecie Maclenso Ha</u> E-mail address: (to be used foffu	hob. LOM	tion)

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

	•	ARTICLES OF IN In compliance with Chapter			
	ARTICLE I The name of the con	NAME poration shall be: Bible Miracle Deli	verance Holi	iness Church, Inc.	
	<u>ARTIÈLE II</u>	PRINCIPAL OFFICE Principal <u>street</u> address, <u>J6570 S.W. 137th</u> Avenue Naranja, Aorida, <u>33032</u>		10571 S.W. 141 Driv Miamu, Florida 3	
	ARTICLE III	PURPOSE			
(The purpose for whether the purpose of the purpose	hich the corporation is organized is: Save, f he community.	teal # Del	iver Souls, to b	re a
	ARTICLE IV	MANNER OF ELECTION The manner in v	which the directors ar	re elected and appointed: Voted	4 approved 1
	ARTICLE V Name and Ti Address:	by Memburs. INITIAL OFFICERS AND/OR DIRECTOL Ile: Kumell Turner / Pastor/ 10571 S.W. 141 Drive Miami, Florida 33776 PBESIDENT	Name and Title: Address:	Carrie Hill-Evana 13901. Jackson Stree Mami, Aorida 33	relist/pastor
	Name and Tit Address:	ile: Lena Hooker-Secretary 12000 S.W. 190 Ter. Miami, Flonda 33177	Name and Title: Address:	lenecia L Mack 13901 Jackson S Mami, FL 331	Hassichen Hassichen Hand Hand Hand Hand Hand Hand Hand Han
	Name and Tit Address:	le: <u>Clinton Hines</u> -Deacon 15130 Polk Street Miani, Florida 33176	Address:		
	ARTICLE VI	REGISTERED AGENT			
	The <u>name and Flor</u> Name: Address:	ida street address (P.O. Box NOT acceptable) of VENECIA L. MacKINS 13901 Jackson Street MIANU, Florida 33176	the registered agent is	s: 11 OCT -6	FIL SECRETAR DIVISION OF
1997 1992 (4 2 1 - 2 1	ARTICLE VII The name and add Name: Address:	INCORPORATOR ress of the Incorporator is: Kume II Turner 10571 S.W. 141 Drive Mianu, Flurida 33176		р н 3: 26	
		d as registered agent to accept service of proces niligr with and accept the appointment as registered ALLAN Required Signature of Registered Agent			nated in this
C	I submit this docun to the Department of	nent and affirm that the facts stated herein are true of State constitutes a third degree felony as provide	ie. I am aware that o d for in s.817.155, F	any false information submitted in	a document
X	L asper	the Required Signature of Incorporator		10/3/11	

Required	Signature of Incorporator

Date /

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