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SECRETARY OF STATE
TALLAHASSEE, FLORISA

J. SHIVERS MOV 08 2611

COVER LETTER

Life Line Word Ministries, Incorporated

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

(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 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee & Filing Fee Filing Fee, Certificate of & Certified Copy Certified Copy Status & Certificate ADDITIONAL COPY REQUIRED FROM: Albert Banks Name (Printed or typed) 529 J ST # 4 Address

lifelinewordministries@gmail.com

Lake Worth, Florida 33460

(561) 506-1549

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

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

City, State & Zip

Daytime Telephone number

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I The name of the co	NAME Life Line Word Minist orporation shall be:	ries, Incorporated
ARTICLE II	PRINCIPAL OFFICE	
	Principal street address	Mailing address, if different is:
	529 J ST # 4	Po Box 542735
	Lake Worth, Florida 33460	Lake Worth, Florida 33454-2735
ARTICLE III	PURPOSE	
The purpose for w	which the corporation is organized is:	
enhancing all the devoted to pror	he functions and privileges necessary for r	he support of public worship, by organizing a church and religious and nonpolitical services. The corporation shall be if fellowship on a interdenominational basis. To train, and through bible studies.
ARTICLE IV	MANNER OF ELECTION The manner i	n which the directors are elected and appointed:
The method of	of election is as stated in the bylaws	••
	INITIAL OFFICERS AND/OR DIRECT	ORS
	itle: Albert Banks - Director	
Address:	529 J ST # 4_	Address:
	LAKE WORTH, FLA 33460	
	itle: Ronnie Platt- Director Treasurer	Name and Title:
Address:	421 Executive Center Drive 106 West Palm Beach, Florida 33401	
	West Faim Beach, Florida 33401	
Name and T	ide: Falicia Banks- Director Secretary	Name and Title:
Address:	529 J ST # 4	Address:
	Lake Worth, Florida 33460	
		20
ARTICLE VI	DECICERDED ACEST	F-0
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	Albert Banks	of the registered agent is.
Address:	529 J ST # 4	
	Lake Worth, Florida 33460	
		Thinney .
ARTICLE VII	INCORPORATOR	The same
	dress of the Incorporator is:	
Name:	Albert Banks	_
Address:	529 J ST # 4	
	Lake Worth, Florida 33460	_
Having been nam certificate, I am fai	ed as registered agent to accept service of proc miliar with and accept the appointment as registe	cess for the above stated corporation at the place designated in this cred agent and agree to act in this capacity
1.	we Krany	11 -1 -11
	Required Signature of Registered Agent	
l submit this docur		true. I am aware that any false information submitted in a document
11.	well Chamil	11 -1-11
/NI	Required Signature of Incorporator	
	2111-AT NAMES	Daic