

N12000000242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

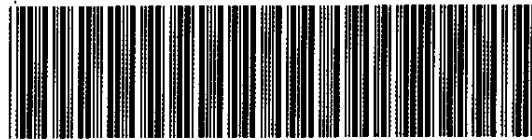
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 JAN 10 PM 12:36

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

12 JAN 10 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
1/10/12

COVER LETTER

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

inc

SUBJECT: Deliverance Temple Outreach ministry
(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: _____
Name (Printed or typed)

8224 Pin Oak Rd
Address

Tallahassee FL 32305
City, State & Zip

850-545-6007
Daytime Telephone number

metzs Beverly a yahoo.com
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: Deliverance Temple ~~Deliverance Temple~~
Outreach Ministry, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
4560 Thomasville Road
Tallahassee Fla

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Church Worship

ARTICLE IV MANNER OF ELECTION

Voted

The manner in which the directors are elected and appointed:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Beverly Metz (Secretary)
Address: 8224 pin oak Road
Tallahassee Fla 32305

Name and Title:
Address:

Name and Title: Lizetta Williams (Treasurer)
Address: 8004 Pin Oak Road
Tallahassee Fla 32305

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: Jesse L Metz
Address: 8224 pin oak Road
Tallahassee Fla 32305

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Jesse L Metz
Address: 8224 pin oak Road
Tallahassee Florida
32305

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

Jesse L Metz

Required Signature of Registered Agent

1-10-12
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.

Jesse L Metz

Required Signature of Incorporator

1-10-12
Date