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(Requestor's Name)

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(City/State/Zip/Phone #)

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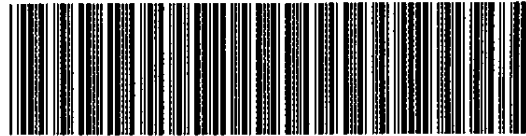
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(Business Entity Name)

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DIVISION OF CORPORATIONS  
12 FEB -3 PM 2:31

2/6/12

## COVER LETTER

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

SUBJECT: Redeemed Life 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: Pastor-Anna Thomas

Name (Printed or typed)

P.O.Box 16081

Address

Miami, FL 33101

City, State & Zip

786-339-4457

Daytime Telephone number

pastorannadarden@yahoo.com

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

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12 FEB -3 PM 2:31

**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.** Redeemed Life Ministries Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1217 N.W. 2nd Avenue Suite 304  
Miami, FL 33136

Mailing address, if any: **FILED**  
P.O. Box 16081 **SECRETARY OF STATE**  
Miami, FL 33101 **DIVISION OF CORPORATIONS**  
**12-FEB -3 PM 2:3**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Church- Religious Worship Services

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

Voted In By- Board of Directors

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Pastor- Anna Thomas - President  
Address: 1217 N.W. 2nd Avenue Apt 304  
Miami, FL 33136

Name and Title: Nathaniel Thomas - Vice President  
Address: 1217 N.W. 2nd Avenue Apt. 304  
Miami, FL 33136

Name and Title: Aurianna McNear- Secretary  
Address: 5100 N.W. 51 Terrace  
Miami, FL 44142

Name and Title: Kenyanna Darden- Treasurer  
Address: 1710 N.W. 14 ct.  
Miami, FL 33136

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: Anna Thomas  
Address: 1217 N.W. 2nd Avenue Apt. 304  
Miami, FL 33136

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Anna Thomas  
Address: 1217 N.W. 2nd Avenue Apt. 304  
Miami, FL 33136

*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*

Anna Thomas

Required Signature of Registered Agent

02-01-12

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.*

Pastor- Anna Thomas

Required Signature of Incorporator

02-01-12

Date