V12000001837

(Requestor's Name)			
(Address)			
(Address)			
(City	//State/Zip/Phone	• #)	
PICK-UP	☐ WAIT	MAIL	
(Bus	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			
	·		

Office Use Only



000221188140

02/16/12--01020--002 **70.00



COVER LETTER

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

SUBJECT: Precious Love International Healing and Evangelism 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: \$78.75 \$87.50 \$70.00 \$78.75 Filing Fee Filing Fee, Filing Fee Filing Fee & Certified Copy Certificate of & Certified Copy & Certificate Status ADDITIONAL COPY REQUIRED FROM: Precious Ezeamama Name (Printed or typed) 12900 Griffing Blvd Address Miami, FL, 33161

preciouslove.inc@gmail.com

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

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

RTICLE II	PRINCIPAL OFFICE	
	Principal street address	Mailing address, if different is:
	12900 Griffing Blvd	
	Miami, FL, 33161	
TICLE III	PURPOSE	
e purpose for wh	ich the corporation is organized is:	
ommunity cente ctims of natura	ers to aid children, low income families, and	g; food, clothing, shelter, medical aid and/or facilities, and I underrepresented populations around the world including lesus Christ by word of mouth, education, social media
RTICLE IV	MANNER OF ELECTION The manner in w	which the directors are elected and appointed:
rectors are appointe urses in leadership a RTICLE V	d based on credential, experience, enthusiasm and the ar and evangelism training. Also exhibit Christian morals, val INITIAL OFFICERS AND/OR DIRECTOR	
	e; Precious Ezeamama: President and Chief Executive Officer	Name and Title:
Address:	12900 Griffing Blvd	Address:
	Miami, FL, 33161	
	le:	Name and Title:
Address:		Address:
Name and Titl	۵۰	Name and Title:
Address:		Address:
	REGISTERED AGENT ida street address (P.O. Box NOT acceptable) of t	the registered agent is:
Name:	Precious Ezeamama	
Address:	12900 Griffing Blvd	
(• i	Miami, FL, 33161	ASA IS
ř. d		Section 1
RTICLE VII	<u>INCORPORATOR</u>	
	ress of the Incorporator is:	F 2 12 12 12 12 12 12 12 12 12 12 12 12 1
Name:	Precious Ezeamama	第二
Address:	12900 Griffing Blyd	Em or
	Miami, FL, 3316/1	
wing heen name	as registered opent to accept service of proces	s for the above stated corporation at the place designated in thi
tificata, I am fam	ilier with and accept the appointment as registere	d agent and agree to act in this capacity
\ / \	de air ex homes.	2/14/2012
\/-\/	Required Signature of Registered Agent	Date
\mathcal{L}	Required Signature of Registered Agent	Date
ubmit this docum	ent and affirm that the facts stated herein are tru	e. I am aware that any false information submitted in a docume
the Department of	f State constitutes expira degree follony as provide	d for in s.817.155, F.S.
	DAONIKA DONALI	
_/~4	Required Signature of Incorporator	<u>2/14/2012</u> Date