## 1200063161

(Requestor's Name)		
(Address)	9002241622	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	03/23/1201005005	
Certified Copies Certificates of Status	J. Shivers	
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## **COVER LETTER**

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

SUBJECT: Rede	em Nutreach	Ministr	ies Inc.		
SUBJECT: <u>Pedeen Jutreach Winistries Inc.</u> (PROPOSED CORPORATE NAME - <u>MUST INCLUDE SUFFIX</u> )					
Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:					
Enclosed is an original a	nd one (1) copy of the Artic	les of incorporation and	Ja check for .		
\$70.00	\$78.75	\$78.75	\$87.50		
☐ Filing Fee	Filing Fee & Certificate of	LiFiling Fee & Certified Copy	LJFiling Fee, Certified Copy		
	Status	& Certified Copy	& Certificate		
		ADDITIONAL C	OPV REQUIRED		
		ADDITIONAL C	or racyonar		

FROM: Barry Leander Hunter TR

Name (Printed or typed)

29/4 NE 13 DRIVE

Address

Gainesville F1 32609

City, State & Zip

Daytime Telephone number

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)

	NAME 2	,	d missalas in
The name of the corp	poration shall be: Redeen	n Outrea	ch Ministries Inc
ARTICLE II	PRINCIPAL OFFICE		
-	Principal street address		Mailing address, if different is:
	29/4 Ne 13 DR Gainesville F1 32609		<del></del>
4	- Bandsviid, P) 2007		
ARTICLE III	<u>PURPOSE</u>		
The purpose for wh	ich the corporation is organized is:		
Chruch			
	•		
ARTICLE IV	MANNER OF ELECTION The manner in which	h the directors are elect	ted and appointed: There appointed
	by the f	astor.	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS		
Name and Titl	le: Barry Hunter (Pastor) Na	me and Title:	
Address:	Ad	ldress:	
		1 77.1	
Name and Titl Address:	le: <u>Sabrina Patterson</u> Na ((o-Pastor) Ad		
Addiess.	<u>((0 - 1 - 45)01)</u> A		
Name and Titl	le: Nebeniah Mitchum Na	me and Title:	
Address:		14	
	REGISTERED AGENT		TAG 2
The <u>name and Flori</u> Name:	ida street address (P.O. Box NOT acceptable) of the r	registered agent is:	11. <b>812</b>
Address:	2914 NE 13 DR		
	C > - 71 P/ 201 of		155 155 155
	Gamerville El 37608		me w
	INCORPORATOR		
The <u>name and addr</u> Name:	ress of the Incorporator is:  Redeem Dutreach Mir 2914 Ne 13 DR	ristries I	
Address:	2914 Ne 13 DR		0,5 0,5 1,5 1,5 1,5 1,5 1,5 1,5 1,5 1,5 1,5 1
	Gainesville, F1 32609		
	d as registered agent to accept service of process fo		
certificate, I am fam	iliar with and accept the appointment as registered ag	ent and agree to act in	this capacity
Rann	- her		2/12/2012
1 NOUNG	Required Signature of Registered Agent		3/20/20/2.
	ent and affirm that the facts stated herein are true. I f State constitutes a third degree felony as provided fo		lse information submitted in a document
o me vepuriment 0)	Same consumes a mira negree jetony as provided jo	r 111 3.01 / . I J J , F . J .	
Boers	Milan		3/20/20/2
	Required Signature of Incorporator		Date