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DEPARTMENT OF STATE
12 APR 19 AM 10:31
FILED
12 APR 19 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Through God's Eyes Ministry International 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate
ADDITIONAL COPY REQUIRED	

FROM: Aderine Odom
Name (Printed or typed)

3539 Appalachee Pkwy Unit 3# 92
Address

Tallahassee, Fla. 32311
City, State & Zip

(850) 656-0424
Daytime Telephone number

aderined@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:

Through God's Eyes Ministry International Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3539 Appalachee Pkwy Unit 3 #92
Tallahassee, Fla. 32311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Ministry

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

President Name and Title: Elder Adeline Odum Founder

Address: 3539 Appalachee Pkwy Unit 3 #92 Tallahassee, Fla 32311

Secretary Name and Title: Sharonda Smith

Address: 3539 Appalachee Pkwy Unit 3 #92 Tallahassee, Fla 32311

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: Elder Adeline Odum
Address: 3539 Appalachee Pkwy Unit 3 #92 Tallahassee, Fla 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Elder Adeline Odum
Address: 3539 Appalachee Pkwy Unit 3 #92 Tall. Fla 32311

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

Adeline Odum

Required Signature of Registered Agent

4/19/12

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.

Adeline Odum

Required Signature of Incorporator

4/19/12

Date

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