

12000004801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

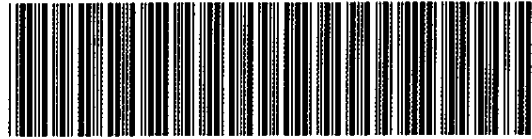
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/27/12--01032--007 **70.00

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2012 MAY 11 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 14 2012

W12-23613



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 30, 2012

RUBY DOLLARD
PO BOX 680042
ORLANDO, FL 32868

SUBJECT: RUBY DOLLARD MINISTRIES, INC
Ref. Number: W12000023613

We have received your document for RUBY DOLLARD MINISTRIES, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 412A00012996

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Ruby Dollard Ministries, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

1877 S OBT 19th Street

Orlando FL 32808

Mailing address, if different is:

PO BOX 680042

Orlando FL 32868

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Ministry mission is to Reach out and Touch God's people all over the world, and Ruby Dollard Ministries is very much inspired to present Divine Prophetic Teachings, Evangelize the Gospel of Jesus Christ Great Commission, and help meet the needs of a lost generation as much as possible.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Private Counsel

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christopher C Dollard, Jr

Address: Officer

Po Box 680042

Orlando FL 32868

Name and Title: _____

Address: _____

Orlando FL 32868

Name and Title: Mr Kelvin Watson

Address: Officer

Po Box 680042

ORL FL 32868

Name and Title: Mr Clinton Dunston

Address: Officer

Po Box 680042

ORL FL 32868

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: Ruby R Dollard

Address: ~~PO Box 680042~~ 1877 S. OBT

Orlando FL 32808 32808

ARTICLE VII INCORPORATOR

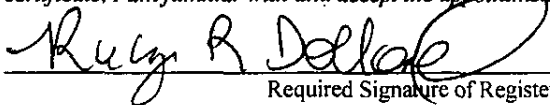
The name and address of the incorporator is:

Name: Ruby Dollard Ministries

Address: PO Box 680042

Orlando FL 32868

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

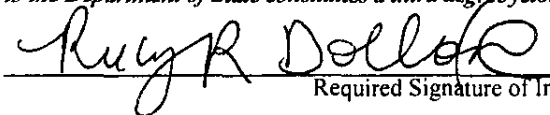


Required Signature of Registered Agent

4-19-2012

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.



Required Signature of Incorporator

4-19-2012

Date

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