

NI 200 000 5401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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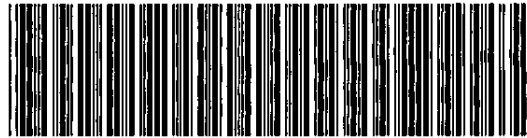
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2012 MAY 29 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers MAY 30 2012

## COVER LETTER

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

SUBJECT: NO LIMITS INTL. DELIVERANCE EMBASSY, 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: EUGENE R. GARNER SR.  
Name (Printed or typed)

2111 NW 139 ST. BAY#24  
Address

OPA-LOCKA, FL. 33054  
City, State & Zip

954-670-3474  
2111 N. W. 139 St. Bay#24 Telephone number

nolimitsembassy@gmail.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

**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: **NO LIMITS INTL. DELIVERANCE EMBASSY, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2111 N. W. 139 St. Bay#24  
Opa-Locka, FL 33054

Mailing address, if different is:  
2111 N. W. 139 St. Bay# 24  
Opa-Locka, FL 33054

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**PUBLIC SERVICE CHURCH AND OUTREACH.**

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

**MEMBERS VOTE**

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

Name and Title: EUGENE R. GARNER SR. PRES.  
Address: 2111 NW 139 ST. BAY#24  
OPA-LOCKA, FL. 33054

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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: EUGENE R. GARNER SR.  
Address: 2111 NW 139 ST. BAY#24  
OPA-LOCKA, FL 33054

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: EUGENE R. GARNER SR.  
Address: 2111 NW 139 ST. BAY#24  
OPA-LOCKA, FL. 33054

*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*

05/22/2012  
Date

Required Signature of Registered Agent

*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.*

05/22/2012  
Date

Required Signature of Incorporator