N1200006220

Office Use Only



100235181281

05/17/12--01010--018 **87.50



6/25 5/21.

15285200028121

COVER LETTER

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

SUBJECT: Living the Word Ministries, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an origina	I and one (1) copy of the Ar	ticles of Incorporation and	d 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 C	OPY REQUIRED

FROM: DR. JUANITA T. Shaw
Name (Printed or typed)

P. O. Box 452562

Address

SUNRISE, FL 33345-2562

City, State & Zip

PHONE Telephone number

Emili address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

REGEIVED

12 JUN 22 PH 3: 45

ENTERON BERRYON ALTONS

May 22, 2012

DR. JUANITA T. SHAW PO BOX 452562 SUNRISE, FL 33345-2562

SUBJECT: LIVING THE WORD MINISTRIES, INC.

Ref. Number: W12000028231

Godis

We have received your document for LIVING THE WORD MINISTRIES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return 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.

Jessica A Fason Regulatory Specialist II

Letter Number: 412A00014916

LIVING GOD'S WORD MINISTRIES

ARTICLES OF INCORPORATION In compliance with Claster 647, F.S., (Not for Profit)

ARTICLE I	NAME () () ()	1 M	فهير حداده دوا		
The name of the co	NAME orporation shall be: Living the Wood	Ka)1/14	istries, +1	10,	
ARTICLE II	PRINCIPAL OFFICE				
	Principal street address	11.0-11 6	, Mailing addre	ss, if different is:	
	9380 SUNRICE LAKES Blud.	#304 P	ost Office !	30x 452562	
	SunRise, FL 33322	ي	MURISE, FL	33345-15	ع.
			•	•	_
ARTICLE III	PURPOSE		•	•	
The purpose for v	which the corporation is organized is: Works	hops, the	RISTIAN MA	gazine,	
Bible-ter	sching classes, conference	. speaker	-, Devotion	A(s, FACILITATOR	
news (et	ter o	•		,	
ARTICLE IV	MANNER OF ELECTION The manner in whi	ich the directors	are elected and appoint	ad.	
	ted by President	ich die directors a	are elected and appoint		
•		PResi	Lent	·	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS itle: DR JUAN HA Thomas Shaw, Pres. X	ame and Title:			
Address:		Address:			_
110011001	#304		• •		_
	SUNRISE, FL 33322				_
Names and T	TRACIC M. DUNLAR M	Jama and Titles	Copey P.S	Way on Cha	~(^'
Address:		vame and Title Address:	555 WAT	LANCAR, Cha	PIA!
ridaress.	3915 S.W. 12 PLACE	<u></u>	JOHNE MH	N. GA	_
	Ft. LAND, FL 33312	-		30087	_
NI	Sur Alata Culater C		Sama A 6	Page 1 Ac	ر 4-
Name and T Address:		Name and Title:_ Address:	30 My 11 1	Charles (132	<u>> '</u> '.
Addicss.	1957 WAGES WAM	iddress	619 Framc	ee Ave.	# CW
•	JACKSONVIlle, FL 32218		TALIA HAS	ree FL 323	٥
ARTICLE VI	REGISTERED AGENT			•	
	orida street address (P.O. Box NOT acceptable) of the	e registered agent	t is:		
Name:	DR. JUANITA Thomas Shaw	,			
Address:	9380 LUNCISE LAKES BLA	4. unit 3	y .	⊼ ≋ೄ	
	SUNRISE FL 33322	,	•		
	•				
ARTICLE VII	INCORPORATOR			2 10	
The name and ad	dress of the Incorporator is:				
Name:	DR. JUANITA Thomas Shaw 9380 SUNRISE LAKES Blud, SUNRISE FL 33322				
Address:	3380 ENWEIZE TUKET BINY	, UNIT 30	Y		
	SUNKISE A 33327	,			
				J	
	ned as registered agent to accept service of process j			e place designated in ti	his
certificate, I am fa	miliar with and accept the appointment as registered o	agent and agree	to act in this capacity		
Λ.	(A)		0.7/	0.113	
gran	Required Signature of Registered Agent		031	Dote	
U	Required Signature of Registered Agent			Date	
	ment and affirm that the facts stated herein are true.			n submitted in a docume	ent
to the Department	of State constitutes a third degree felony as provided j	for in s.817.155,	F.S.		
Λ	2 30		,	,	
gran	in thorous than		03/	<u> </u>	
_	Required Signature of Incorporator			uste	