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| (Requestor's Name) |
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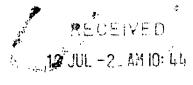
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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 21, 2012

KARIME DEMORIZI P.O. BOX 720165 DORAL, FL 33172

SUBJECT: KARIME DEMORIZI MINISTRIES, INC

Ref. Number: W12000033647

We have received your document for KARIME DEMORIZI 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 Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please complete the address information for any Officers listed on the document.

You must list at least one incorporator with a complete business street address.

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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 212A00017218

COVER LETTER

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

SUBJECT: KARIME DEMORIZI MINISTRIES INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

| Enclosed is an original | and one (1) copy of the Ai | rticles 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 COPY REQUIRED | | | |

FROM: KARIME DEMORIZI

Name (Printed or typed)

8221 lake On #403

Address

Dorol, FL 33/66

City, State & Zip

786-587-5938

nkdemo@hotmail.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 No. | KARIME DEMORIZI MI | INISTRIES, | INC | | | |
|-------------------------------------|-------------------------------------------------------------|-----------------------------|------------------------|----------------------|---------------|-------------------|
| ARTICLE II PI | RINCIPAL OFFICE | | | | | |
| | 822 Principal arrest address | | P. O Box | address if different | | |
| | Dag (22// | - - | - A-a-A-f | 7 22174 | | |
| | DOTA 14C 33166 | - | - BUNDY + 1 | -L 2317 8 | <u> </u> | |
| ARTICLE III P | URPOSE | | | | | |
| | h the corporation is organized is: | | | | | |
| TO FUNCTION | AS A WOMEN AND CHILD ABUSE | E ADVISE (| CENTER, GIVI | NG CONFORT | AND TO | |
| PREACH, TEAC | CH, COUNSEL, EVANGELIZE AND HRISTIAN MINISTRIES BY LAW A | ND DIDLE | AND OUR LOE | SAL ACTIVITIE | ±5 Die∓ | |
| ALLOWD TO C | TRISTIAN MINISTRIES DT LAW A | NAD DIDEE | AND OUR LOP | 1D JESUS CMI | nio i. | |
| ARTICLE IV M | IANNER OF ELECTION The manner in v | which the direct | ors are elected and a | ppointed: | | |
| APPOINTMENT | BY CEO, PRESIDENT AND OR A | MEMBERS | | | | |
| | NITIAL OFFICERS AND/OR DIRECTO | | u | | | |
| Name and Title; | RARIME DEMORIZI, P AND CEO | _ Name and II _ Address: | | | | |
| | Doz 6 231// | _ | | | | |
| • | 2014/ FC 33166 | - | ···· | | | |
| Name and Title: | ~ | • | tle: | | | |
| Address: | · · · · · · · · · · · · · · · · · · · | _ Address: | | - | • | |
| | | - | | | | |
| Name and Title: | | Name and Ti | tle: | | | |
| Address: | | | | | | |
| • | | - | | ** | | |
| ADTICLE UT D | EGISTERED AGENT | _ | | | - | |
| | street address (P.O. Box NOT acceptable) of | the registered a | gent is: | | | |
| Name: Address: | GEORGE C DAHL 12250 MENTA ST. SUITE # 105 | • | | | حے 'ڈِخ | منز پيدر د. |
| Aggress: | ORLANDO, FL 32837 | - - | | | | 4-40780.044 |
| | | - | | | 69.7 | *1.52,7+m |
| ARTICLE VII II | VCORPORATOR | | | | <u> </u> | į. |
| The <u>name and addres</u> Name: | s of the Incorporator is: KARIME DEMORIZI | | | | | 1707,00 |
| Address: | RALL LAKE DU # W3 | - | | | <u> </u> | Francis States |
| | Donal FL 33/6 | - | | | 8 | - F |
| | | - | | | | |
| Having been named of | as registered agent to accept service of proces | ss for the abov | e stated corporation | at the place desig | nated in this | |
| certificale, I am jamili | ar with and accept the appointment as registere | ed agent and ag | ree to act in this cap | pacity | | |
| | no coll | | | 10/20/2 | 0// | |
| -0/ | Required Signature of Registered Agent | | | Date | · · | |
| | it and affirm that the facts stated herein are tri | | | mation submitted is | n a document | |
| to the Department of S | itate constitutes a third degree felony as provide | ed for in 5.817. | 55, F.S. | // | / | |
| Ala. | ust huor - | | | 06/18/1 | 2 | |
| | Required Signature of Incorporator | | | Date | - | |
| | - | | | , | | |