

N12000009195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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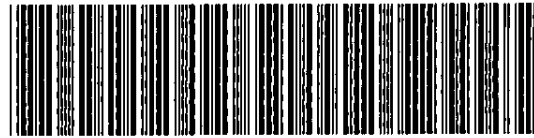
(Business Entity Name)

(Document Number)

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

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09/27/12--01004--002 \*\*70.00

RECEIVED  
09/27 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
12 SEP 27 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
9/27/12

## COVER LETTER

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

SUBJECT: L.I.F.T Ministry, 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: Lillie Christie  
Name (Printed or typed)

P O Box 485  
Address

HAVANA FL 32333  
City, State & Zip

850 668-0332  
Daytime Telephone number

Lillie Christie 894@gmail.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)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be: L.I.F.T. ministry, Inc.

12 SEP 27 AM 9:17

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
822 Ciser Way  
Tallahassee, FL 32312

TALLAHASSEE, FLORIDA

Mailing address, if different is:  
P.O. Box 485  
HAVANA, FL 32333

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of our Women's ministry is to meet the spiritual, physical and emotional needs of women. This ministry is designed to encourage women to grow in faith in Christ, to develop character, and to strengthen Godly relationships with other women. To provide opportunities to serve and reach our community.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Appointed

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

Name and Title: Evangelist Lillie Christi  
Address: 822 Ciser Way  
Tallahassee, Florida 32312  
Pastor

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

Name and Title: Evangelist Christine Reeves  
Address: 459 Dupont Ave  
Tallahassee, FL 32305

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

Name and Title: Secretary  
Prophetess Tameika Ward  
Address: P.O. Box 485  
Havana FL 32333

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: Lillie Christi  
Address: P.O. Box 485  
Havana FL 32333

822 Ciser Way  
Tallahassee, FL 32312

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lillie Christi  
Address: P.O. Box 485  
Havana FL 32333

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

Lillie Christi

Required Signature of Registered Agent

9-27-12  
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.

Lillie Christi

Required Signature of Incorporator

9-27-12  
Date