NIQ 000009610

(Requesto	or's Name)	
(Address)		
(Address))	
(City/State	e/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business	s Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing	Officer:	
MS. MOSICA AUTHORIZATION EXPERIENCE CORRECT ACA DATE TO 1916 DOC. EXAM.	CAME	

Office Use Only



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SECRETARY OF STATE

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COVER LETTER

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

subject: Ahun	idanthy Pardi	oned Deliverane TENAME- <u>MUSTINCLUI</u>	e Vitreach	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLUI</u>	<u>DE SUFFIX</u>)	
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 &	\$78.75 Filing Fee	\$87.50 Filing Fee,	
	Certificate of Status	& Certified Copy	Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM: Cinelle J. Mosley, Pastor				
517 S.E. 14th Tenace				
Gainesville Florida 3264/				
352 · 256 · 7051 Daytime Telephone number				
bgzeleelgym@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 III PURPOSE Principal street address SIT SE 14th Tenace Addressibile, Fl. 32641 ARTICLE III PURPOSE The purpose for which the corporation is organized is: CHUTCH Munishy Organized to help the need and disactive and disactive and exployment opportunities through and office and exaction and employment opportunities through and otherwer needed working of the directors are elected and appointed. Appointed by Sign Convelle Mosley as I need accordancy to necessary. By Providing from the state of organized to necessary and appointed. Appointed by Sign Convelle Mosley as I need accordancy to necessary. By Paster Mosley and Title: Notice of the state of th	The name of the corporation shall be: Abundantly Pandoned	Deliverance Outreach Ministrie
The purpose for which the corporation is organized is: CHUTCH MINISTRY Organized to help the Neely and disad vartage persons world wide. By providing food Clothing, Shelter, Education and employment opportunities through and wherever neeled world wide. ARTICLE IV MANNER OF ELECTION. The manner in which the directors are elected and appointed. Appointed by Ratin Connelle Mosley as I need according to necessity. By Paston Mosley article V Intrial OFFICERS AND/OR DIRECTORS. Name and Title: Chine 19. 1998 to 1998. Name and Title: Analytic for Mosley - Baston Name and Title: Address: SIT SE 1998 Ternace Address: SIT SE 1998 Tern	ARTICLE II PRINCIPAL OFFICE Principal street address 517 SE 14th Tenace	10
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Gameshile, Fl. 32641 Address: Gameshile, Fl. 32641 Name and Title: Address: Gameshile, Fl. 32641 Article VI Incorporators: Name: Ginelle y. Moskey Gameshile, Fl. 32641 Address: Gameshile, Fl. 32641 Address: Gameshile, Fl. 32641 Address: Greelle y. Moskey Address: Address: Address: Address: Address: Greelle y. Moskey Address: Addre	ARTICLE III PURPOSE	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: Gameshile, Fl. 32641 Address: Gameshile, Fl. 32641 Name and Title: Address: Gameshile, Fl. 32641 Article VI Incorporators: Name: Ginelle y. Moskey Gameshile, Fl. 32641 Address: Gameshile, Fl. 32641 Address: Gameshile, Fl. 32641 Address: Greelle y. Moskey Address: Address: Address: Address: Address: Greelle y. Moskey Address: Addre	The purpose for which the corporation is organized is: CHUTCH MINI	shy organized to help the
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Name and Title: Fliggleth Moore-Treasure and Title: Address: \$117 SE 1472 Terrace Address: Carres 114, Fl. 32641 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: \$1.01 C. 4. Mosley Address: \$17 SE 1475 Terrace Carres 114, Fl. 32641 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: \$1.1 SE 1475 Terrace Carres 114, Fl. 32641 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 ACT Part October 1, 2012 Required Signsture 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.	ARTICLE IV MANNER OF ELECTION The manner in which the direct form of the manner in which the direct form of the manner in which the	ctors are elected and appointed: Appointed by onecessity. By Paster Moskey
Name and Title: Address: 3115E 14th Tenace Address: Colors 16, Fl. 32641 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Ginelle Y, Mosley Address: 517 SE 14th Tenace Garres 16, Fl. 32641 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Ginelle Y, Mosley Address: 517 SE 14th Tenace Garres 16, Fl. 32641 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 ACTOBEL 1, 2012 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.	Name and Title: Annalictoria Mosky-Secretary Name and T Address: 517 SE 14th Tenace Address: Gaines ville, F1.32641	Fitle:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Qincile V, Mosley Address: 517 SE 14th Timese Gainesally, Fl 32641 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Gainesally, Fl 32641 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 Acquired 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.	Address: <u>5145E 14th Terrace</u> Address:	Title:
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Qinelle 4, Mosley Address: 517 SE 14th Tenace Gaineshile, Fl 32641 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Qinelle 4, Mosley Address: Siff SE 14th Tenace Gaineshile, Fl, 32641 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 Acceptable 1, 2012 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.		144
The name and address of the Incorporator is: Name: Oinelle 1. Mosley Address: SIT SE 14th Tenner Conines ille, Fl. 32641 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 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.	The name and Florida street address (P.O. Box NOT acceptable) of the registered Name: Address: 517 SE 14th Jenace	agent is:
Certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Cotober 1, 2012 Date Da	The name and address of the Incorporator is:	
to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	certificate, I am familiar with and accept the appointment as registered agent and a	ngree to act in this capacity
A .		
How Mus (Paster October 1, 2012 Require A Signature of Incorporator Date	to the Department of State constitutes a third degree felony as provided for in s.817.	
	Required Signature of Incorporator	October 1, 2012