

N 12000009838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

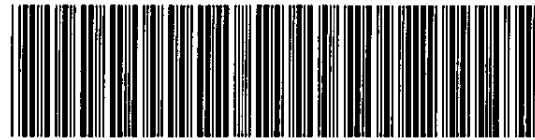
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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12 OCT 16 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/16/12

COVER LETTER

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12 OCT 16 AM 11:08

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: WORD OF GOD Ministries OF Tallahassee, 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: COREY CAMERON  
Name (Printed or typed)

101 E. 4<sup>th</sup> AVE  
Address

Tallahassee, FL 32301  
City, State & Zip

(850) 656-3693  
Daytime Telephone number

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 NAME**

The name of the corporation shall be: WORD OF GOD Ministries OF Tallahassee inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
101 E. 4th AVE  
TALLAHASSEE, FL 32303

Mailing address, if different is:  
101 E. 4th AVE  
TALLAHASSEE, FL 32303

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Ministry

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

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

Name and Title: COREY CAMERON  
Address: 101 E. 4th AVE  
TALLAHASSEE FL 32303

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

Name and Title: VALERIE MITCHELL  
Address: 101 E. 4th AVE  
TALLAHASSEE, FL 32303

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

Name and Title: Shenika Barnett  
Address: 101 E. 4th AVE  
TALLAHASSEE, FL 32303

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: COREY CAMERON  
Address: 101 E. 4th AVE  
TALLAHASSEE, FL 32303

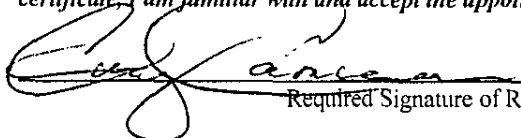
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: COREY CAMERON  
Address: 101 E. 4th AVE  
TALLAHASSEE, FL 32303

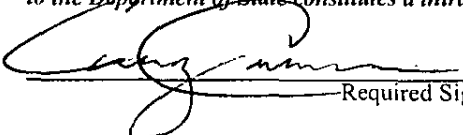
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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

10/16/12  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Required Signature of Incorporator

10/16/12  
\_\_\_\_\_  
Date