

N12000010927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

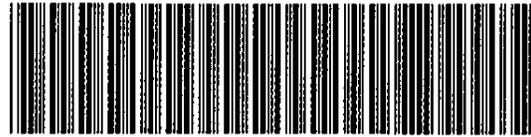
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
11/20/12

117 56174

COVER LETTER

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

SUBJECT: DELIVERANCE ARENA 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: ANDREW P. ROBINSON
Name (Printed or typed)

4425 S.W. FIRESIDE CIRCLE
Address

PORT SAINT LUCIE, FL, 34953
City, State & Zip

561 255 8515
Daytime Telephone number

robinson0219@att.net DELIVERANCE
E-mail 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

RECEIVED
12 NOV 19 PM 1:03
FLORIDA DEPARTMENT OF STATE

November 5, 2012

ANDREW P ROBINSON
4425 S.W. FIRESIDE CIRCLE
PORT SAINT LUCIE, FL 34953

SUBJECT: DELIVERANCE ARENA MINISTRY, INC
Ref. Number: W12000056174

We have received your document for DELIVERANCE ARENA MINISTRY, 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):

Type the corporation name in Article I of the form. List the address for the director Camille I Robinson in Article V.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Section 617.0803, Florida Statutes, requires that the board of directors never have fewer than three directors.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 112A00026880

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: *Deliverance Arena Ministry, Inc.*

ARTICLE II PRINCIPAL OFFICE

Principal street address
4425 S. W. FIRESIDE CIRCLE
Port St. Lucia, FI34953

FILED
12 NOV 19 AM 11:32
SECRETARY OF STATE
MAILING ADDRESS, IF DIFFERENT IS:
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To educate the youth of the community to reach their potentials, become better citizens of biblical principles

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

As provided for in the by-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANDREW P. ROBINSON Name and Title: PRESIDENT/DIRECTOR
Address: 4425 S.W. Fire Side Circle Address:
Port St. Lucie, FI 34953

Name and Title: CAMILLE I. ROBINSON Name and Title: Assistant Director
Address: *4425 S.W. Fire Side Circle* Address:
Port St. Lucie, FL 34953

Name and Title: ELRETT D. JOSIE Name and Title: COUNSELOR/*Director*
Address: 1027 CENTER STONE LANE Address:
RIVIERA BEACH, FI 33404

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Andrew P. Robinson
Address: 4425 SW Fireside Circle
Port St. Lucie, FI 34953

Effective Date: 1/1/2013

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Andrew P. Robinson
Address: 4425 SW Fireside circle
Port St Lucie, FI34953

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

A. Robinson
Required Signature of Registered Agent

October 30, 2012
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.

A. Robinson
Required Signature of Incorporator

October 30, 2012
Date