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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 02/28/13

COVER LETTER

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

SUBJECT: LIFE Restoration Intercession 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: Beverley Beckford
Name (Printed or typed)

6698 Racquet Cl Dr
Address

Lauderhill, FL 33319
City, State & Zip

954-882-4246
Daytime Telephone number

becky4sure@live.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 NAME

The name of the corporation shall be: LIFE Restoration Intercession Ministry Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
8112 NW 92nd Terrace
Tamarac FL 33321

Mailing address, if different is:
P.O. Box 26414
Tamarac FL 33320-6414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To reach out to the less fortunate. Our aim is
to encourage and to give hope to those that are discouraged, depressed, oppressed,
and afflicted. We believe where there is life there is hope and no condition
can be too far gone to be restored by God. Nothing is impossible with God.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: appointed
by the president

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Beverley Beckford, President

Address: 6698 Racquet Cl Dr
Lauderhill FL 33319

Name and Title: Sasha Bartlett, Director/Treasurer

Address: 8112 NW 92nd Terr
Tamaeac FL 33321

Name and Title: Rusheena Bartlett, Director/Secretary

Address: 8112 NW 92nd Terr
Tamarac, FL 33321

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Beverley Beckford
Address: 6698 Racquet Club Dr
Lauderhill, FL 33319


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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Beverley Beckford
Address: 6698 Racquet Club Dr.
Lauderhill, FL 33319

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

02-25-13
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

02-25-13
Date