

N13000002087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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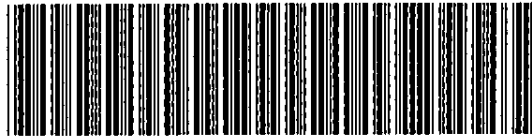
(Business Entity Name)

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3/5/13

COVER LETTER

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: FAITH 8 MINISTRIES INTERNATIONAL, 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: Sandra A. Manning
Name (Printed or typed)

P.O. Box 788
Address

Tallahassee, Florida 32302
City, State & Zip

850.668.4409
Daytime Telephone number

sandyfaith8@comcast.net
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: **Faith 8 Ministries International, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
116 Sandy Springs Ln
Tallahassee, Florida 32312

Mailing address, if different is:
PO Box 788
Tallahassee, Florida
32302

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **The Corporaton is organized exclusively for charitable, religious and religious-educational purposes, including for in-kind purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, which governs non-profit corporations.**

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

The directors shall be elected by a majority vote of the members of this corporation as defined by process in the By-laws of the corp.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sandra A. Manning
Address: P.O. Box 788
Tallahassee, Fl 32302

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Sandra A. Manning
Address: 116 Sandy Springs Lane
Tallahassee, Fl 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sandra A. Manning
Address: P.O. Box 788
Tallahassee, Florida 32302

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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

Sandra A. Manning
Required Signature of Registered Agent

3.5.13
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.

Sandra A. Manning
Required Signature of Incorporator

3.5.13
Date