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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Dr	cument Number)			
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Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE

J. Shivers MAR 0 6 2013

COVER LETTER

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

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 &

Status

Certificate of

□\$78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

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: Chosen for W	orship Ministries Inc
ARTICLE II PRINCIPAL OFFICE	•
Principal street address: 6199 Farrbanks Ferry Rd Havana, FL 32333	Mailing address, if different is: P.O. Box 2323 Havana, FL 32333
of avine woiship for the blong of the followship of members or the community for carry allowed by the By trans of the church transfer, receive and deal in all types of proceedings and ordain the ministry, to e	ize and establish a Church for the purpose sod; Studying of scriptures, promote nity, engage in missionary manner ing the Same into effect in any manner n; promote Bible teach incitably, sell ophrty for the purpose of the church. Xeverse all powers granted to organized the church ich the directors are elected and appointed: Appointed manner
Name and Title: Montal Harves Treasurement Address 1007 Jackson St. Address: Harvana, FL 32333	
Name and Title: Uphia S-Coff Secretary) Name and Address Address Hawaa, FL 32333	Havana, FL323333
Name and Title: Name and Address:	1 Title: PR 77

Name and Title:	Name a	nd Title:	-		
Address	Address	s:	-		
		4	-		
Name and Title:	Name a	and Title:	_		
Address	Address	s:			
					
			_		
	REGISTERED AGENT da street address (P.O. Box NOT acceptable) of	Etha registered agent is:			
Name:	Leslie Robinson	the registered agent is.			
Address:	6199 Fairbonks Ferry Re	Á			
	Havana, FL 32333	-			
	INCORPORATOR ess of the Incorporator is:				
Name:	Leslie Robinson	n			
Address:	6199 Four banks Ferry Rd	¿			
	Havana, 12 32-333°	-			
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 familia; with and accept the appointment as registered agent and agree to act in this capacity					
Nus	40 KUMB	Merch 4,	2013		
A	Required Signature of Registered Agent	Date			
	ent and affirm that the facts stated herein are tru f State constitutes a third degree felony as provid		Signal and a document		
Tymo	Required Signature of Incorporator		193		
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