

N 13000003875

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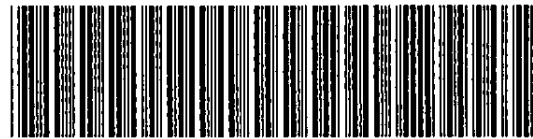
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 APR 22 PM 4:16

4/23/13

## COVER LETTER

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

SUBJECT: Open Arms Ministry Fellowship, 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: Velma Pierre  
Name (Printed or typed)

4745 N Australian Ave Apt 203  
Address

West Palm Beach FL 33407  
City, State & Zip

561420-1720  
Daytime Telephone number

Velma.pierre@yahoo.com  
E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS  
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NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 15, 2013

VELMA PIERRE  
4745 N AUSTRILIAN AVENUE  
APT. 203  
WEST PALM BEACH, FL 33407

SUBJECT: OPEN ARM'S MINISTRY INC  
Ref. Number: W13000021865

We have received your document for OPEN ARM'S 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):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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.

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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 413A00008917

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DIVISION OF CORPORATIONS  
13 APR 22 PM 4:17

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

**ARTICLE I NAME**

The name of the corporation shall be: Open Arm's Ministry Fellowship, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

2300 45 St  
West Palm Beach  
FL 33407

Mailing address, if different is:

4745 N Australian Ave  
Apt 203  
West palm Beach FL 33407

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: church) TO win souls  
for christ + change one family at a  
time to help develop one character  
in there christians walk with christ.

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

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

Name and Title:	<u>Velma pierre Director</u>	Name and Title:	<u>Fred pierre co Director</u>
Address	<u>4745 N Australian Ave Apt 203</u> <u>WEST PALM BEACH, FL 33407</u>	Address:	<u>4745 N Australian Ave</u> <u>Apt 203</u> <u>West palm Beach FL 33407</u>
Name and Title:	<u>Eric ceasar Treasure</u>	Name and Title:	<u>Deja Henderson Secretary</u>
Address	<u>1509 44 St</u> <u>West palm Beach</u> <u>FL 33407</u>	Address:	<u>1509 44 St</u> <u>West palm Beach</u> <u>FL 33407</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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DIVISION OF CORPORATIONS  
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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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DIVISION OF CORPORATIONS

ARTICLE VI REGISTERED AGENT

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

Name:

Fred pierre

Address:

4745 N Australian

Ave Apt 203

WEST PALM BEACH, FL 33407

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Velma pierre

Address:

4745 N Australian

Ave Apt 203 West palm Beach Fl 33407

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

Fred Pierre

Required Signature of Registered Agent

4-18-13

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.

Velma pierre

Required Signature of Incorporator

4-18-13

Date