

N13000004/384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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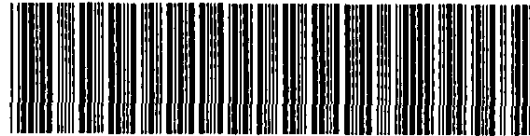
(Business Entity Name)

(Document Number)

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13 MAY -8 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 5/9

COVER LETTER

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

SUBJECT: All Family Ministries, 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: Bill Blomberg
Name (Printed or typed)

3617 SW 19th St.
Address

Okeechobee, FL 34974
City, State & Zip

Daytime Telephone number

blomberg1@juno.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: All Family Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
15465 Reservation Rd.

Okeechobee, FL 34974

Mailing address, if different:
P.O. Box 2606

Okeechobee, FL 34973

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To operate as a Church that will provide
worship services, pastoral care and other ministries. Upon dissolution, the
corporation shall, after payment of all outstanding liabilities, distribute the
residual assets of the corporation to one or more entities that are exempt
under Section 501(c)(3) of the Internal Revenue Code of 1986.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: The Bylaws
contain the terms under which the directors are elected and appointed.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bill Blomberg, Pres/Dir
Address: 3617 SW 19th St.
Okeechobee, FL 34974

Name and Title: Reina Micco, Dir
Address: 820 Panther Ln NE
Okeechobee, FL 34974

Name and Title: Louise Gopher, Trs/Dir
Address: 1285 Falcon Ln
Okeechobee, FL 34974

Name and Title: _____
Address: _____

Name and Title: Rita McCabe, Secy/Dir
Address: 7191 SW 13th St.
Okeechobee, FL 34974

Name and Title: _____
Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VI REGISTERED AGENT

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

Name: Bill Blomberg

Address: 3617 SW 19th St.

Okeechobee, FL 34974

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Bill Blomberg

Address: 3617 SW 19th St.

Okeechobee, FL 34974

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

5-3-13

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

5-3-13

Date