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(Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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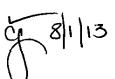


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SECREJARY OF STATE
OVERSIGN OF CORPORATIONS



COVER LETTER

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

UBJECT: George M	athew Ministries Inc. (PROPOSED CORPORAT	E NAME – <u>MUST INCLU</u>	DE SUFFIX)
nclosed is an original a	nd one (1) copy of the Arti	cles 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 CO	PY REQUIRED
FROM:	George Mathew Name (Pr	inted or typed)	_
	10932 Black Swan Ct	ddress	_
	Seffner, Florida 33584	State & Zip	
	7193571419	,	€ 12

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

Daytime Telephone number

manifestjesusgal522@gmail.com
E-mail address: (to be used for future annual report notification)

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I	NAME de corporation shall be: George Mather	w Ministries Inc	
ARTICLE II			SECRETARY OF STATE DIVISION OF CORPORATIONS
	Principal street address:		
10932 Black Swan Ct			Mailing address 1 g diffurez es: PH 2: 16
Seff	ner, Fl 33584		
ARTICLE II	I PURPOSE	he nurnose of	this corporation shall to be propagate the
			sivily for charitable, religious, missionary and
educationa	al purposes, including for such p	urposes, the m	aking of distributions to churches and to
organizatio	ons that qualify as excempt orga	nizations under	section 501(c)(3) of the U.S. Internal
Revenue C	Code.		
			
ARTICLE IV	The	manner in which the	e directors are elected and appointed: By mejority vote
ARTICLE	V INITIAL OFFICERS AND/OR	<u>DIRECTORS</u>	
	Coorne Mathewy (Dunaidant)		Chiulay Canuna (Director)
Name and Titl	e:George Mathew (President)	Name and Title	Shirley George (Director)
Address	10932 Black Swan Ct	Address:	908 S Valrico Rd
	Seffner, FI 33584		Valrico, Fl 33594
Name and Titl	e:Koshy George (Director)	— Name and Title	:
Address	10725 Boyette Creek Blvd	Address:	·
73441033	Riverview, Fl 33569	Addiess.	
Name and Titl	e:	Name and Title	:
Address		Address:	

Name and Title:_		Name and Title:		
Address	,			
	,	Name and Title:		
	REGISTERED AGENT orida street address (P.O. Box NOT George Mathew	acceptable) of the registered agent	is:	
Name:	10932 Black Swan Ct			JV.
Address:	Seffner, FI 33584		ن <u>ال</u>	SECRETI
ARTICLE VII	INCORPORATOR		29 PM	FILED FORI
The name and ad	dress of the Incorporator is:		.;. -	S. S.
Name:	George Mathew		: 6	ATI
Address:	10932 Black Swan Ct		0 1	LEU Y OF STATE CORPORATIONS
	Seffner, Fl 33584			
	ned as registered agent to accept ser amiliar with and accept the appointm			signated in this
 	Required Signature of Regist	round A cont	 	
	ment and affirm that the facts stated to f State constitutes a third degree fe	herein are true. I am aware that of lony as provided for in s.817.155,		
	Required Signature of I	ncorporator	Date	