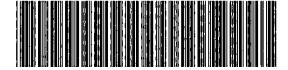
## NIBOOOOGSZ

(Re	equestor's Name)	-
(Ac	dress)	
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(Cit	ty/State/Zip/Phone	e#)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE STATE SECRETARY OF GORPHANISHS

Office Use Only



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 23, 2013

DENNIS SCOTT 225 BONNIE BLVD, #214 PALM SPRINGS, FL 33461

SUBJECT: REJOICE TABERNACLE INTERNATIONAL INC.

Ref. Number: W13000041336

13 AUG - I PH 2: 23

We have received your document for REJOICE TABERNACLE INTERNATIONAL INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 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.

Pamela Smith Regulatory Specialist II

Letter Number: 113A00017801

Re: Submit 07/30/13.

## **COVER LETTER**

Department of State Division of Corporations P. O. Box 6327	S		
Tallahassee, FL 32314	^		
SUBJECT:		GENACLE TATERA	
	(PROPOSED CORPORAT	E NAME – <u>MUST INCLU</u>	<u>DE SUFFIX</u> )
Enclosed is an original a	and one (1) copy of the Art	icles of Incorporation and	a check for:
CT amo oo	Element of		D #05.50
□ \$70.00	\$78.75	□\$78.75	□ \$87.50
Filing Fee	Filing Fee & Certificate of	Filing Fee	Filing Fee, Certified Copy
	Status	& Certified Copy	& Certificate
		ADDITIONAL CO	PY REQUIRED
		2	
	) ranais	SOTT	
FROM:	Name (Pr	inted or typed)	_
	22 - 2 ······	2/ -	
	205 Longie	= MM #214	_
		ddress	
	Mm SP,	RinGs 11.33 State & Zip	461
	5/-3/0.  Daytime Te	- 6962 elephone number	_

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

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

The name of the corporation shall be:	E TABERNAC/E LAIBANATIONAL INC.
ARTICLE II PRINCIPAL OFFICE	
Principal street address: 1901 Palm BEACH LOKES BlvD	Mailing address, if different is:  225 Bonni E. Blvn, APT. #214
WESTPALM BEACH FL. 3340	9 PALM SPRINGS F/3346/
ARTICLE III PURPOSE	This was maintain a Place of
	ESTABLISH and MAINTHIN A PLACE OF
	THE LORD JEWS CHRIST CAL COME
•	THECHIAIN IN ORGANIZED EXCLUSIVELY
,	ND CHARITABLE PURPOSES REACHING OUT
	THE HUNGRY EQUIPPING BELIEVERS TO
Bring THE last into A PERSONAL Knowl	19E OF JERUS CHAIST, PRAYERfully
Unifying THE CHUNCH THAT TOGETHER WE PURPOSE TO BRING WHOLE EVER WILL TO MANNER OF ELECTION THE MANNER OF ELECTION THE MANNER OF ELECTION TO THE MANNER OF ELECTION THE MANNER OF ELECT	WE CAN WIN THE WORLD FOR TWO CHAIL.  About the OF THE THUR OF BUD BY PROGRESS & TENCHING IN which the directors are elected and appointed:
_	
by THE CHURCH AT THE ANNUAL MEMBE	STOR APPROVED BY THE CURRENT BOARD AND RATIFIED ASHIP MEETING, FOLLOWING THEIR APPOINTMENT.
ARTICLE V INITIAL OFFICERS AND/OR DIREC	CTORS
Name and Title: DEnnis ScoTT Na	
^ -	ddress: 5631 LAFAYETTE ST.
Palm Springs	WESTPAIN BEACH
FL. 33461	F1. 33417
Name and Title: DR. Davin Jonnally Na	ime and Title: DESHAYN SCOTT
Address 4982 CAMBRIDGE ST. A	idress: 225 Bonni E Bud + 914 E
GROSMACRES F1. 33463	Palan Springs P133461 - 97
Name and Title: CECIII SHAMURA ScoTT Na	ame and Title: BERNARD Eubanks
00011 1 110 000	idress: 584 BANYAN DR.
PALM SPRINGS	WEST POLM BEACH
F1. 3346/	F1. 33415

Name and Title Rock LEVEILLE	Name and Title:	HRKEliA EUBANKI		
Address 5610 Middle COFF DR.		584 BANYAN DR		
WEST PAIN BEACH		WEST Blom Brank		
F1. 33416	•	F1. 33415		
	•	Nail Rosansan		
Name and Title: VERRY /Ey/ov	Name and Title:	Neil Rasmyssen	,	
Address 3576 TimbER/INE DR	Address:	1825 MEDITERRANEAN KA	•	
WEST Palm BEACH		KAKE CAPKE SHORE	1	
F1. 33406		F1.33406		
ARTICLE VI REGISTERED AGENT				
The name and Florida street address (P.O. Box NOT acce		stered agent is:		
Name: VENNIS SCOTI	<u> </u>			
<b>a a</b> .				
Address: <u>225 Bonnie 13/v1 # 2</u>	14			
	<del></del> _		_* @	2
Address: 225 Bonnie Blut # 2.  Palm Springs F1.32	<del></del> _			SEC
PALM SPRINGS F1.33  ARTICLE VII INCORPORATOR	<del></del> _		13 AUG	SEORE:
Palm Springs F1.33  ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	<del></del> _		TO AUG - I	SEGRETARY SEGRETARY
PALM SPRINGS F1.33  ARTICLE VII INCORPORATOR	<del></del> _		<u> </u>	SECRETARY OF
PALM SPRINGS F1.33  ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	346/		13 AUG -1 PH 1:	THE SECRETARY OF STATE
PALM SPRINGS F1.33  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Dentil Sw77	146/		<u> </u>	SECREPARY OF SPATE
PALM SPRINGS F1.33  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Address:  225 Bonnie Bho # 21	146/		<u> </u>	SECRETARY OF STATE
PALM SPRINGS F1.33  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Name:  Address:  Address:  Address:  Palm Springs F1.33  Having been named as registered agent to apcept service	346/		-1 PH 1:07	SECRETARY OF STATE in his
PALM SPRINGS F1.33  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: Januis Swith  Address: 225 Bonnie Bho # 21  Palm Springs F1.33	346/		-1 PH 1:07	SECRETARY OF STATE in the state of the state
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Reniri Sull # 2/  Palm Shings Fl. 3  Having been named as registered agent to accept service certificate, I am familiar with and accept the appointment of the service of the service of the appointment of the service of the serv	46/ 346/ of process for the registered agent		-1 PH 1:07	SECRETARY OF STATE in this in
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Address:  Address:  Address:  Address:  Required Signature of Registered  Required Signature of Registered	of process for the registered agent	and agree to act in this capacity  O7//6//3  Date	- PH : 07	
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Address:  Address:  Address:  Address:  Address:  Address:  Address:  Reniri Sull # 2/  Palm Shings Fl. 3  Having been named as registered agent to accept service certificate, I am familiar with and accept the appointment of the service of the service of the appointment of the service of the serv	of process for the registered agent Agent	and agree to act in this capacity  O7//6//2  Date  aware that any false information submitted	- PH : 07	
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Address:  Address:  Address:  Address:  Address:  Required Signature of Registered  I submit this document and affirm that the facts stated here	of process for the registered agent Agent	and agree to act in this capacity  O7//6//2  Date  aware that any false information submitted	- PH : 07	