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Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer	
Special instructions to	riling Officer.	

Office Use Only



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SECRETARY OF STATE
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COVER LETTER

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

REMNANT REVIVAL MINISTRIES, INC SUBJECT: (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 Fec

\$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee

& Certified Copy

□ \$87.50

Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

LEON F HANSEN, CPA Name (Printed or typed)

PO BOX 1264

Address

WINTER HAVEN, FL 33882

City, State & Zip

(863) 604-6655

Daytime Telephone number

leon f hansen cpa@yahoo.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: REMNAN	T REVIVAL MINISTRIES, ING 23
ARTICLE II PRINCIPAL OFFICE	Y OF PH
Principal <u>street</u> address: 276 MAIN ST	Mailing address. if different is:
AUBURNDALE, FL 33823	EAGLE LAKE, FL 33839
	rpose Clause is as follows: Remnant Revival Ministries, Inc. and educational purposes under section 501(c)(3) of
	or superseding section of any future federal tax code(s).
or control of the con	tion of Remnant Revival Ministries, Inc. it's assets shall
be distributed for one or more exempt purposes	within the meaning of section 501(c)(3) of the Internal
Revenue Code, or corresponding section of any	future federal tax code, or shall be distributed to the
federal government, or to a state or local gover	nment, for a public purpose.
ARTICLE IV MANNER OF ELECTION The manner	in which the directors are elected and appointed: Directors are
appointed from the best available individuals w	
ARTICLE V INITIAL OFFICERS AND/OR DIRECT	TORS TORS THE AND TITLE: JUANITA COBB
Address PO BOX 657	4051 MONARCH DR
EAGLE LAKE, FL 33839	MCDONOUGH, GA
	30253
Name and Title: COURTNEY WALKER Name	ne and Title: JOEL BAILEY
PO BOX 657	PO BOX 657
EAGLE LAKE, FL 33839	EAGLE LAKE, FL 33839

Name and Title: BRANDON BAILEY

Name and Title: DOUGLAS FIELDS 301 CHARLOTTE RD

Address

PO BOX 657

Address:

AUBURNDALE, FL

EAGLE LAKE, FL 33839

33823

Name and Title:_		Name and Title:		
Address		Address:		
Name and Title:_	}	Name and Title:		
Address		Address:		
	,	JAL	₹ 3	
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT accepta	able) of the registered growt is:	į –	
Name:	LEON F HANSEN, CPA	ability of the registered agent (s.	AUG 23	FIL
Address:	6753 CHIANINA ST		PH L:	ŒD.
	LAKE WALES, FL 3385	able) of the registered agent is: All ASSEE, FL () FL ()	94:4	
ARTICLE VII	INCORPORATOR	₽m	ion	
	dress of the incorporator is:			
Name:	CHARLES F AGUON II			
Address:	PO BOX 657			
	EAGLE LAKE, FL 3385	9		
Having been nam certificate, I apyfa	ned as registered agent to accept service of miliar with and accept the appointment as i	f process for the ubove stated corporation at the place de- registered agent and agree to act in this capacity	signated	in this
Leon	1 Hansen	8/20/13		
U	Required Signature of Registered A			
I submit this docu to the Departi <mark>ya</mark> qt	ment and affirm that the facts stated herein of State constitutes a third degree felony as	are true. I am aware that any false information submitted provided for in s.817.155, F.S.	l in a doc	cument
	A-A-	8/20/13		
	Required Signature of Incorpo	orator Date		