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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/20/13

COVER LETTER

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

SUBJECT:

Holy Divine Out-Reach Deliverance Ministries
(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:

MARY L. HENRY
Name (Printed or typed)

1445 Cochise Trail
Address

Tallahassee, Fla. 32304
City, State & Zip

(850) 765-1386 / (850) 284-2492
Daytime Telephone number

prophetesshenry53@yahoo.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Holy Divine Out Reach Deliverance Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1445 Cochise Trail
Tallahassee, Fla. 32304

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose for this organization
is for the winning of lost souls, marriage counseling, drug -
counseling and for church services, such as Bible Study,
Prayer Services, and Sunday Worship Services.

Also this organization will be for helping those who are
less fortunate with food, clothe items and etc.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: As Stated in
By laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gregory L. Henry (Pastor)

Address: 1445 Cochise Trail
Tallahassee, Fla.
32304

Name and Title: Mary L. Henry (Co-Pastor)

Address: 1445 Cochise Trail
Tallahassee, Fla.
32304

Name and Title: Netasha Miller (Book
keeper)

Address: P.O. Box 402
Tallahassee, Fla.
32302

Name and Title: Ebony S. Igles (Secretary)

Address: 1445 Cochise Trail
Tallahassee, Fla.
32304

Name and Title: Ebony S. Igles (Treasurer)

Address: 1445 Cochise Trail
Tallahassee, Fla.
32304

Name and Title: _____

Address: _____

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FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Mary L. Heney

Address: 1445 Cochise Trail

Tallahassee, FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mary L. Heney

Address: 1445 Cochise Trail

Tallahassee, FL 32304

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

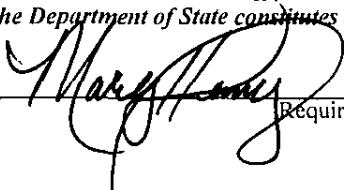


Required Signature of Registered Agent

09/20/13

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

09/20/13

Date