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913 J13-48788

COVER LETTER

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

SUBJECT:	Cowboy Church 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:	Carmen Atkins	
	Name (Printed or typed)	
	1010 SW Eucalyptus Ave	
Address		
	Arcadia, FL 34266	
	City, State & Zip	
	863-494-6088	
	Daytime Telephone number	

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 4, 2013

CARMEN ATKINS 1010 SW EUCALYPTUS AVE ARCADIA, FL 34266

SUBJECT: COWBOY CHURCH MINISTRIES, INC.

Ref. Number: W13000048788

We have received your document for COWBOY CHURCH MINISTRIES, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

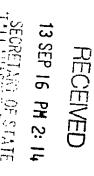
Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Jessica A Fason Regulatory Specialist II

Letter Number: 013A00020800



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

	E II PRINCIPAL OFFICE		
1	Principal <u>street</u> address: Mailing address, if different is 010 SW Eucalyptus Ave	::	
<u> </u>	Arcadia, FL 34266		
_			
ARTICLE The purpos	EM PURPOSE se for which the corporation is organized is: Ministries		
		· · · · · · · · · · · · · · · · · · ·	·
_			밀
		<u> </u>	3500 Capital Capital
<u>ARTICI.E</u>	MANNER OF ELECTION The manner in which the directors are elected and appointed:	cho.	1
196	locallers	డ్జు	KA.
		1 2	-
<u>ARTICLE</u>	V INITIAL OFFICERS AND/OR DIRECTORS	22	35
	Partos	22	35
Name and	Pastor	22 <u>as</u> ure	35
Name and	Jerry Atkins Pastor Name and Title: Carmen Atkins The	22 <u>as</u> ure	35
Name and '	Jerry Atkins Position Name and Title: Carmen Atkins Total Carmen Atkins Carmen Atkins Total Carmen Atkins Carmen A	22 <u>as</u> ure <u>ve</u> 	35
Name and '	Jerry Atkins Poston Name and Title: Carmen Atkins The state 1010 SW Eucalyptus Ave Address: Arcadia, FL 34266 Arcadia, FL 34266 Arcadia, FL 34266 Arcadia, FL 34266 Site: Kenneth Carlton Name and Title: Sandy Sullive 5144 SW Carlton Ave Address: P.O.B. 13 43	22 <u>as</u> ure <u>ve</u> 	35
Name and ' Address Name and '	Jerry Atkins Poston Name and Title: Carmen Atkins The state Carmen Atkins The state Address: Address: Arcadia, FL 34266 Arca	22 <u>as</u> ure <u>ve</u> 	35
Name and ' Address Name and '	Jerry Atkins Poston 1010 SW Eucalyptus Ave Arcadia, FL 34266 Title: Kenneth Carlton Sittle: Kenneth Carlton Address: Arcadia, FL 34266 Sittle: Kenneth Carlton Address: P.O. By 12 43 Lecretary Assistant Senth	22 <u>as</u> ure <u>ve</u> 	35

Name and Title:		Name and Title:	
		Address:	
			
Name and Title:		Name and Title:	
Address		Address:	
_			
			ಪ
	<i>REGISTERED AGENT</i> rida street address (P.O. Box NOT accep	table) of the registered agent is:	
Name:	Carmen Atkins		
Address:	1010 SW Eucalyptus A	ve	R See
	Arcadia, FL 34266		3: 22
ARTICLE VII	INCORPORATOR		2
	ress of the Incorporator is:		
Name:	Bette Gill		
Address:	619 E Magnolia St		
	Arcadia,		
Having been name	d as registered agent to accept service o	f process for the above stated corporation registered agent and agree to act in this ca	at the place designated in this
	When and accept the appointment as		_
forest &	Required Signature of Registered /		-26-2013 Date
I submit this docum to the Department o	nent and affirm that the facts stated herei of State constitutes a third degree felony a	n are true. I am aware that any false infort s provided for in s.817.155, F.S.	mation submitted in a document
Butte	Lie	04	8/09/2013
	Required Signature of Incorp		Date

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