

N13000009798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

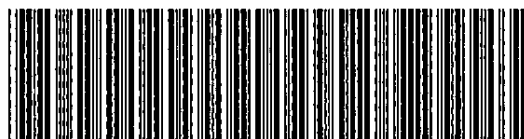
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 OCT 28 PM 4:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1113-54570

MD 10/29

COVER LETTER

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

SUBJECT: **Deliverance COGIC 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: **Lisa Solomon**
Name (Printed or typed)

4740 Seascape Way #201
Address

Jacksonville, FL 32224
City, State & Zip

850-345-0219
Daytime Telephone number

floridastategraduate@yahoo.com
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

October 2, 2013

LISA SOLOMON
4740 SEASCAPE WAY #201
JACKSONVILLE, FL 32224

SUBJECT: DELIVERANCE CHURCH OF GOD IN CHRIST MINISTRIES, INC.
Ref. Number: W13000054570

We have received your document for DELIVERANCE CHURCH OF GOD IN CHRIST 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 purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of 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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 913A00023070

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

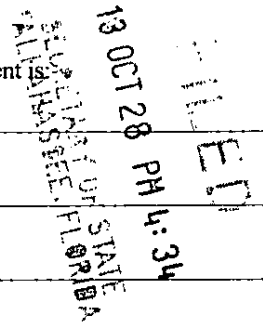
ARTICLE I NAME
The name of the corporation shall be: Deliverance Church Of God In Christ Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

3620 Claridge Rd. E.
Jacksonville, FL 32250



ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is organized and operated exclusively for charitable, educational, religious, or scientific purposes within the meaning of Section 501(C)(3) of the Internal Revenue Code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____
Directors will be appointed or selected according to the Bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Kenneth Solomon</u>	Name and Title:	<u>Elise Solomon</u>
Address	<u>President</u>	Address:	<u>Vice President</u>
	<u>3620 Claridge Rd. E.</u>		<u>3620 Claridge R. E.</u>
	<u>Jacksonville, FL 32250</u>		<u>Jacksonville, FL 32250</u>
Name and Title:	<u>Lisa Solomon</u>	Name and Title:	_____
Address	<u>Secretary/Treasurer</u>	Address:	_____
	<u>4740 Seascape Way #201</u>		_____
	<u>Jacksonville, FL 32224</u>		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Lisa Solomon
Address: 4740 Seascapeway #201
Jacksonville, FL 32224

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lisa Solomon
Address: 4740 Seascapeway #201
Jacksonville, FL 32224

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

Lisa Solomon
Required Signature of Registered Agent

Oct. 25, 2013
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.

Lisa Solomon
Required Signature of Incorporator

Oct. 25, 2013
Date