

N13000010433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

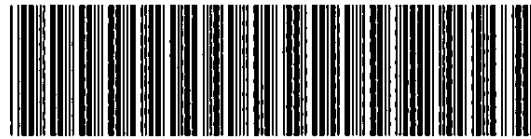
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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PS 11/19/13

## COVER LETTER

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

**SUBJECT:** Road to Redemption 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: Matthew Scott Senge**  
Name (Printed or typed)

**6315 Chapel Pines Blvd**  
Address

**Wesley Chapel, FL 33545**  
City, State & Zip

**888-493-4383**  
Daytime Telephone number

**media@roadtoredemptionministries.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:

Road to Redemption Ministries Inc.

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**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:

6315 Chapel Pines Blvd

Mailing address, if different is:

Wesley Chapel, Florida 33545

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

Evangelistic Ministry desiring to reach the ends of

the earth with the Gospel of Jesus Christ

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected and appointed: appointed by  
officer of the ministry

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Matthew Scott Senge

Name and Title: \_\_\_\_\_

Address 6315 Chapel Pines blvd.

Address: \_\_\_\_\_

Wesley Chapel, FL 33545

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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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:

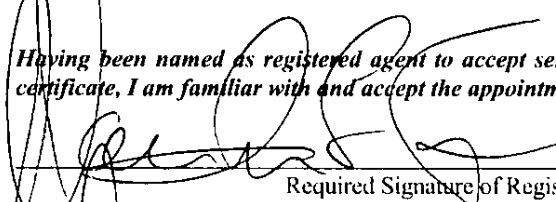
Name: Matthew Scott Senge  
Address: 6315 Chapel Pines Blvd  
Wesley Chapel, FL 33545

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

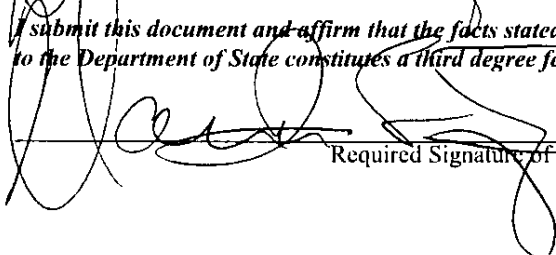
Name: Matthew Scott Senge  
Address: 6315 Chapel Pines Blvd  
Wesley Chapel, FL 33545

*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

11/01/2013  
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.*

  
\_\_\_\_\_  
Required Signature of Incorporator

11/01/2013  
Date