

N1300000/360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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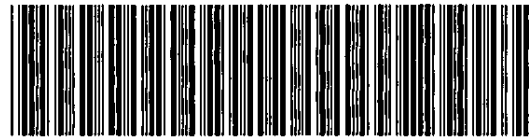
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

WK4-6228

κ 02/13/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2014

GEORGE ALFONSO TONGE
7540 OMNI LANE
APT. 104
FORT MYERS, FL 33905

SUBJECT: WORD'S OF DELIVERANCE INTERNATIONAL CENTER
Ref. Number: W14000006228

RECEIVED
14 FEB 12 AM 10:42
TALLAHASSEE, FLORIDA

We have received your document for WORD'S OF DELIVERANCE INTERNATIONAL CENTER and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 714A00002082

COVER LETTER

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

SUBJECT: Word's of Deliverance International Center
(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: George Alphonso Tonge
Name (Printed or typed)

7540 Omni Lane Apt. 104
Address

Fort Myers FL 33905
City, State & Zip

239-895-4543
Daytime Telephone number

dmpratrice@gmail.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: Word's of Deliverance International Center Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

9540 Omni Lane Apt. 104

Fort Myers FL 33905

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To give spiritual counsel and to provide a sanctuary for all. Our purpose is to teach spiritual truths, clothes the homeless and to feed the poor.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: George A. Tonge - President Name and Title: Deidra P. Tonge - Vice President

Address:

Address:

9540 Omni Lane Apt. 104

9540 Omni Lane Apt. 104

Fort Myers FL 33905

Fort Myers FL 33905

Name and Title: Olvey Tonge - Secretary Name and Title: Deidra P. Tonge - Treasurer

Address:

Address:

3430 Metro Pkwy Apt. 1224

9540 Omni Lane Apt. 104

Fort Myers FL 33916

Fort Myers FL 33905

Name and Title:

Name and Title:

Address:

Address:

FILED
14 FEB 12 PM 3:10
CLERK OF DISTRICT COURT
NORTH DAKOTA

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:

George Alphonso Tonge

Address:

4540 OMNI Lane Apt 104
FT Myers FL 33905

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:


George Alphonso Tonge

Address:

4540 OMNI Lane. Apt. 104
FT. MYERS FL 33905

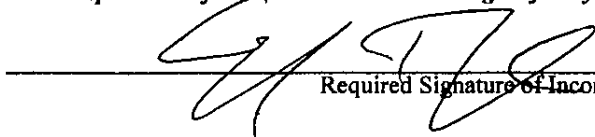
FILED
14 FEB 12 PM 3:10
TALLAHASSEE, FLORIDA

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

2-8-14
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

2-8-14
Date