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COVER LETTER

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

ECT: FRANC		RSON PERKINS N TENAME – MUST INCLUI	
	(PROPUSED CORPORA	TE NAME - MUST INCLUI	<u>Je Suffia</u>)
sed is an original a	and one (1) copy of the Ar	ticles of Incorporation and	a check for:
\$70.00	\$78.75	□\$78.75	■ \$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate
		1	

FRANCES MARIE HENDERSON-PERKINS

Name (Printed or typed)

6626 HAMPTON ROAD

Address

PENSACOLA FLORIDA 32505

City, State & Zip

850 512 0829

Daytime Telephone number

PASTORFMPERKINS1@BELLSOUTH.NET

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

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

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

ARTICLE I The name of the	he corporation shall be:	RIE HENDERSON PERKINS MINISTRIE	S INC.
ARTICLE II	PRINCIPAL OFFICE		
662	Principal street address: 26 HAMPTON ROAD	Mailing address, if different is:	
PE	NSACOLA, FLORIDA		
32	505		
ARTICLE II	MINIST	RY. TO CONTINUE TO IMPUSTER AS AN INDIVIDUAL LOCALLY AND WORLDWIDE, SPREADING THE GOSPEL OF JESUS C	HRIST TO ALL WHO CHOOSE TO (JS)
	or which the corporation is organized is:	SEL FROM THE WORD OF GOD/	
TO HELF	P IN THE HEALING, NUTURIN	NG OF ALL MANKIND IN A SPIRITUAL	FORMAT.
REGARDLESS	OF RACE CREED RELIGION.TO OUTREACH TO	THE LESS FORTUNED, HOMELESS, CHILDREN, WOMEN, MEN,	ENTIRE FAMILIES.
AND TO REFER	R THEM TO OTHER AGENCIES THAT CAN POSSIE	BLY ASSIST THEM IN THEIR NEEDS OUTSIDE/BEYOND MY SCO	PE OF EXPERTISE.
		· · · · · · · · · · · · · · · · · · ·	
ARTICLE IV	7 MANNED OF FIFCTION The m	nanner in which the directors are elected and appointed:	INTED BY THE PRESIDENT
ARTICLETT	MANAGE OF BLECTION THE IN	lamer in which the directors are elected and appointed.	
ARTICLE	V INITIAL OFFICERS AND/OR DI	RECTORS	_
Name and Titl	FRANCES MARIE HENDERSON PERKINS/PRESIDENT	Name and Title:	_
Address	6626 HAMPTON ROAD	Address:	-
	PENSACOLA,FL		<u>.</u>
	32505		7 1
Name and Titl	le:	Name and Title:	<u> </u>
Address		Address:	FIL OF CO
			CD STATE ORPORATIONS
	***************************************		DOF STATE REPORATION PM 12: 4:3
Name and Titl	le:	Name and Title:	
Address		_ Address:	-
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Name and Title:	• •	Name and Title:	
Address		Address:	
Name and Title: Address			
ARTICLE VI The name and Flo Name: Address:	REGISTERED AGENT rida street address (P.O. Box NOT accep FRANCES MARIE HENDERSON PE 6626 HAMPTON ROAL PENSACOLA,FL 32505	D	SEGRETARY OF CORDIVISION OF COR
ARTICLE VII The name and add Name: Address:	INCORPORATOR Iress of the Incorporator is: FRANCES MARIE HENDERSON PE 6626 HAMPTON ROAL PENSACOLA,FL 3250	D	OF STATE OF STATE OF STATE OF STATE OF STATE OF STATE
	ed as registered agent to accept service of miliar with and accept the appointment as Required Signature of Registered.	registered agent and agree to act in this	
I submit this document to the Department	ment and affirm that the facts stated herei of State constitutes a third degree felony a	in are true. I am aware that any false info as provided for in s.817.155, F.S.	ormation submitted in a document
	Required Signature of Incorp	porator	Date

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