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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

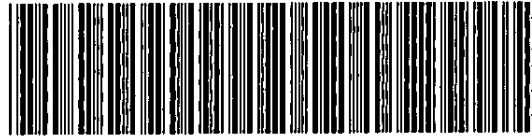
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RECEIVED
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
2014 MAY -6 PM 3:39
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

APPROVED
AND
FILED
14 MAY -6 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: MOUNTAIN OF FIRE AND MIRACLE TALLAHASSEE 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: MOUNTAIN OF FIRE AND MIRACLE MINISTRIES TALLAHASSEE INC
Name (Printed or typed)

1541 South Adams Street
Address

Tallahassee, Florida, 32301
City, State & Zip

8509807134

Daytime Telephone number

MfmTallahassee@fhcd.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: MOUNTAIN OF FIRE AND MIRACLE MINISTRIES TALLAHASSEE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1541 SOUTH ADAMS STREET

TALLAHASSEE FLORIDA

32301

Mailing address, if different is:

1541 SOUTH ADAMS STREET

TALLAHASSEE, FLORIDA

32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONDUCTING PRAYER MEETINGS AND OTHER CHRISTIAN
RELIGIOUS ACTIVITIES

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

BY APPOINTMENT

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr D. K OLUKOYA

Address 13, OLASIMBO STREET, ONIKE

YABA, LAGOS, NIGERIA

[FOUNDER AND GENERAL OVERSEER] Δ

Name and Title: PASTOR FEMI AJILA

Address: 3480 HOWELL STREET DULUTH

30096 GA

[SENIOR REGIONAL OVERSEER USA] Δ

Name and Title: Mrs VICTORIA F. DARAMOLA

Address 1541 SOUTH ADAMS STREET

32301 TALLAHASSEE

[CHAIRMAN] Δ

Name and Title: Mrs BLESSING I. OBUKWELU

Address: 1541 SOUTH ADAMS STREET

32301 TALLAHASSEE

[SECRETARY] Δ

Name and Title: PASTOR ABIDUN OLUWALAN

Address 1541 SOUTH ADAMS STREET

32301 TALLAHASSEE

FLORIDA [BRANCH PASTOR] Δ

Name and Title: AMUSAN MARY

Address: 1541 SOUTH ADAMS STREET

32301 TALLAHASSEE

[MEMBER] Δ

FILED
14 MAY - 6 PM 3:55
APPROVED

Name and Title: ESTHER ADEPOJU Name and Title: _____

Address: 1841 SOUTH ADAMS Address: _____
STREET, TALLAHASSEE _____
[MEMBER] D _____

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:

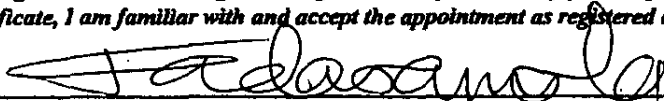
Name: Mrs. VICTORIA DARAMOLA
Address: 1541 SOUTH ADAMS STREET
TALLAHASSEE, 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MRS BLESSING I. OBUKWELE
Address: 1541 SOUTH ADAMS STREET
TALLAHASSEE

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

05/04/2014

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

05/04/2014

Date

APPROVED
AND
FILED
14 MAY -6 PM 3:59
TALLAHASSEE, FLORIDA