

1714000004893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

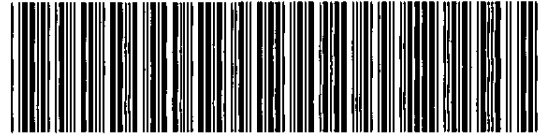
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COVER LETTER

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

SUBJECT: Rescue me Projects 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: Kizzel Rivers
Name (Printed or typed)

630 W. Tharpe St.
Address

Tallahassee, FL 32303
City, State & Zip

407-929-3628
Daytime Telephone number

RmPmInc@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: Rescue Me Project Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

630 W. Tharpe St.
Tallahassee, FL 32303

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide a six month to one year educational, motivational, & inspirational housing program for homeless male ex-offenders; that will offer guidance and support in the efforts to fully restore their self-sufficiency and society's trust.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Kizzy Rivers, Pres.</u>	Name and Title:	<u>Eugene Rivers, VP</u>
Address	<u>630 W. Tharpe St.</u> <u>Tallahassee, FL 32303</u>	Address:	<u>11600 Sipes Ave</u> <u>Sanford, FL 32771</u>

Name and Title:	<u>Oronde Stephens, Treasure</u>	Name and Title:	<u>monica A Proctor, Secretary</u>
Address	<u>23821 Fullerton Apt. 83</u> <u>Detroit, MI 48223</u>	Address:	<u>601 W. Adams St.</u> <u>Quincy, FL 32351</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

14 MAY 22 PM 1:00

APPROVAL
AND
FILED

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

14 MAY 22 PM 1:00

APPROVED
FILED

ARTICLE VI REGISTERED AGENT

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

Name: Kizzey Rivers

Address: 630 Tharpe St.
Tallahassee, FL 32303

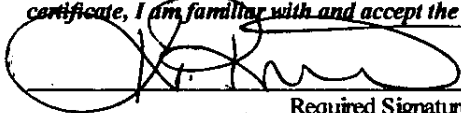
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kizzey Rivers

Address: 630 W. Tharpe St.
Tallahassee, FL 32303

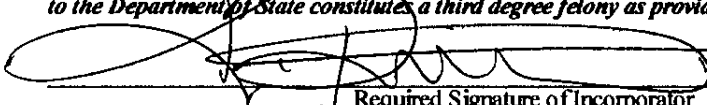
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

5/29/14
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

5/29/14
Date