# NHOOCO530H

(Rec	questor's Name)	
(Ado	lress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only

632-6429-2228-

W14000028186



600259551666

05/01/14--01021--021 \*\*87.50

SECRETAIN OF STATE
SECRETAIN OF STATE

to 10/4/14

#### **COVÉR LETTER**

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

SUBJECT: EAGLE WINGS RE (PROPOSED CORPORATION)	evivals Inc.		
7 (PROPOSED GORPORATI	S NAME – <u>MUST INCLUDE SUI</u>	FF(X)	
Enclosed is an original and one (1) copy of the Artic	les of Incorporation and a chec	k for :	
\$70.00 \$78.75 Filing Fee & Certificate of		7.50 ing Fee, rtified Copy	
Status	&	Certificate	
	ADDITIONAL COPY R	EQUIRED	
· · · · · · · · · · · · · · · · · · ·			
FROM: Tony Peter Name (Prin	SON nted or typed)		
1123 Pine	icu obo		
Fort Pierce FL 34982  City, State & Zip 772828-8221  Home 772-464-4540 Cell 772-883-33  Daytime Telephone number			
777	7.72	028-8221	
70 ML // / - 464 - 45 Daytime Tel	ephone number		
E-mail address: (to be used for fu		FILED  14 JUN -2 PN 4:  SECRETARY OF STATE ALLAHASSEE, FLORE  icles.	
NOTE: Please provide the orig	ginal and one copy of the art	FSTAR D	



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 21, 2014

TONY PETERSON 1123 PINE AVENUE FORT PIERCE, FL 34982

SUBJECT: EAGLE WINGS REVIVALS INC.

Ref. Number: W14000028186

SLUMBLANGER FLORIDA

We have received your document for EAGLE WINGS REVIVALS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 814A00011072

14 JUN -2 PN 4: 23
SECRETARY OF STATE



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 5, 2014

TONY PETERSON 1123 PINE AVENUE FORT PIERCE, FL 34982

SUBJECT: EAGLE WINGS REVIVALS INC.

Ref. Number: W14000028186

RECEIVED

14 MAY 19 PM 3: 37

4

We have received your document for EAGLE WINGS REVIVALS INC. 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 purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 014A00009523

FSTATE .

### ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

The name of the corporation shall be: Eagle Wings	Revivals Inc
ARTICLE II PRINCIPAL OFFICE	· ! has L. ! !
Principal <u>street</u> address 1123 Piwe Ave Fort Pierce Ft 34982	Mailing address 14 different is PM 4: 2  SECRETARY OF STATE  JALLAHASSEE, FLORIDA
ARTICLE III PURPOSE	- COMBA
The purpose for which the corporation is organized is:	
Non Profit Ministery Ministering the Word	of God.
ARTICLE IV MANNER OF ELECTION The manner, in v	
The Directors Will be elected	by the President
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR	/
Name and Title: President	Name and Title:
Address: Tony Peterson	
Ft Pierce FL 34982	· »
FT PIERCE FL 07100	
	Name and Title:
Address:	Address:
	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: Tony Poterson	ine registered agent is.
Address: 1123 Pine AVE.	
Fort Pierce FL 34982	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Tony Peterson	
Address: 1123 Piwe Ave Fort Pierce FL	
34992	
Having been named as registered agent to accept service of process certificate, I am familiar with and accept the appointment as registered.	
Took fellerson	5-14-14
Required Signature of Registered Agent	5-14-14 Date
I submit this document and affirm that the facts stated herein are tri	
to the Department of State constitutes a third degree felony as provide	a jor in \$.81/.133, r.S.
Total Potarian -	5-14-14
Required Signature of Incorporator	5-14-19 Date
• -	