N1400005539

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Statu	s			
Special Instructions to Filing Officer:				
	1			

Office Use Only



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COVER LETTER

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

вјест: <u>(1)</u> ∢	(PROPOSED CORPORA	Ministries TE NAME - <u>MUST INCLUI</u>	T NC.	
osed is an original a	nd one (1) copy of the Art	ticles 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 Cop & Certificate	
		ADDITIONAL COPY REQUIRED		

M: Warren Thomas (aye
Name (Printed or typed)

880 Flicker Rd.
Address

Tallahassee Fl. 32305
City, State & Zip

850-408-0250
Daytime Telephone number

Warrentcave a homail 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)

The name of the corporation shall be:	Winistries Inc. To
ARTICLE II PRINCIPAL OFFICE	Mailing address, if different is:
Principal street address:	Mailing address, if different is:
8830 Flicker Rd.	The state of the s
Tallahassee, \$1,32305	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
obtaining a Clean Start in li	
their community, this nation whe are going to assist them	
menter/mentership meetings Co	
activities, fund raisers. Our god	
from drussalcould or a clean sta	
ARTICLE IV. MANNER OF ELECTION The manner in whi	ch the directors are elected and appointed:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
Name and Title: Warren T. Cave (D) Name and	Title: Earnest Mothis (D)
Address 8830 Flicker Rd. Address:	8830 Flicker Rd
Tallahassee, Fl.	Tallahassec, Fl.
32305	37335
Name and Title: Ellen Rich Fokes Name and	Title: Sharon Ramsey (D)
Address 8830 Flicker Rd Address:	8830 Flicker Rd
Tallahossee, Fl.	Tallahassee H.
32305	32305
Name and Title: Dale Pace D Name and	Title: Michael Smith (D)
Address <u>9830 Fliquer</u> Rd Address:	_ \$830 Flicter Rd
Tallahossee, Fl.	Tylahassee +1.
32305	32305

Name and Title:	Name and Title:			
Address _	Address:			
Name and Title:_ Address	Name and Title: Address:		14 JUN 12	
ARTICLE VI The name and F Name: Address:	REGISTERED AGENT Orida street address (P.O. Box NOT acceptable) of the registered agent is: Warren Thomas Caye 8830 Flicker Rd Tallahassee, Fl. 32305		PM 2: 35	gazi tu
ARTICLE VII The name and ac	INCORPORATOR Idress of the Incorporator is:			
Name:	Warren Ti Cave			
Address:	8830 Flicker Rd. Tallahassee, Fli 32305			•
Having been na certificate, I am j) med as registered agent to accept service of process for the above stated corporation at the p familiar with and accept the appointment as registered agent and agree to act in this capacity	lace desig	nated in	ı this
Was	en/1 Cane 6-12	1-14		
	Required Signature of Registered Agent D	ate		
	ument and affirm that the facts stated herein are true. I am aware that any false information su at of State constitutes a third degree felony as provided for in s.817.155, F.S.	ıbmitted ir	ı a docu	ment
Was	Required Signature of Incorporator	12-14 Date	<u>/</u>	