



## COVER LETTER

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

SUBJECT: Love and Deliverance Ministry Inc., Where it's All About Souls Outreach 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: Timothy Lee Johnson Sr.  
Name (Printed or typed)

P.O. Box 1548  
Address

Palatka, Florida 32178  
City, State & Zip

(386) 530-0951 or (386) 227-1824  
Daytime Telephone number

timothy58tj@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: Love and Deliverance Ministry - Where it's All About Souls  
Outreach Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

110 Robinson Ave.  
Palatka, Florida 32177

Mailing address, if different is:

P.O. Box 1548  
Palatka, Florida  
32178

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To hold services and to help the needy  
and to reach out to the lost souls, to show the Love of God.  
To teach the truth of the gospel of Jesus Christ To reach  
out to All mankind without respect of persons.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Founders,  
Voting Group

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Timothy L. Johnson - Founder Name and Title: Yolanda D. Johnson - Co Founder / Treasurer

Address: P.O. Box 1548 Address: P.O. Box 1548  
Palatka, Florida Palatka, Florida  
32178 32178

Name and Title: Laura L. Johnson Name and Title: \_\_\_\_\_  
(Secretary)

Address: 924 SW 62nd Terrace Apt D Address: \_\_\_\_\_  
Gainesville, Fla  
32607

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 AUG 26 AM 9:47

FILED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**

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

Name: Timothy L. Johnson

TIMOTHY L. JOHNSON

Address: 110 ROBINSON AVE

PALATKA, FLA 32177

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Timothy L. Johnson

TIMOTHY L. JOHNSON

Address: 110 ROBINSON AVE/P.O. BOX 1548

PALATKA FLA 32177/32178

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

Timothy L. Johnson

Required Signature of Registered Agent

8-20-2014

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.

Timothy L. Johnson

Required Signature of Incorporator

8-20-2014

Date