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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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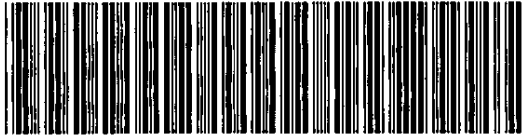
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATE AFFAIRS

**COVER LETTER**

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

**SUBJECT:** Regeneration Through Reconciliation 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:** Michael J. D. Maxwell  
Name (Printed or typed)

P. O. Box 10012  
Address

Address

Pensacola, Florida 32524

City, State & Zip

(850) 490-3359

Daytime Telephone number

rtrministries8@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: Regeneration Through Reconciliation Ministries, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
8100 North Palafox Street  
Pensacola, Florida 32534

Mailing address, if different is:  
P.O. Box 10012  
Pensacola, Florida 32524

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: To teach the Word of G-d to people. To  
scripturely console them. To reach out to those incarcerated. To help  
change our world for the better.

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

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

Name and Title:	<u>Michael J.D. Maxwell, Director</u>	Name and Title:	<u>Chris Sizemore, Officer</u>
Address	<u>P.O. Box 10012</u> <u>Pensacola, Florida 32524</u>	Address:	<u>1015 S. K Street Unit 1</u> <u>Lake Worth, Florida 33460</u>

Name and Title:	<u>Ina Lee, Officer</u>	Name and Title:	
Address	<u>6708 Liberty Street</u> <u>Navarre, Florida 32566</u>	Address:	

Name and Title:	<u>Suzann Sizemore, Officer</u>	Name and Title:	
Address	<u>1015 S. K Street Unit 1</u> <u>Lake Worth, Florida 33460</u>	Address:	

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RECEIVED  
DIVISION OF CORPORATE AFFAIRS

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_

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DIVISION OF CORPORATE AFFAIRS

**ARTICLE VI REGISTERED AGENT**

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

Name: Michael J. D. Maxwell  
Address: 8100 N. Palafox Street  
Pensacola, Florida 32534

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael J. D. Maxwell  
Address: 8100 N. Palafox Street  
Pensacola, Florida 32434

*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*

Michael J. D. Maxwell  
Required Signature of Registered Agent

6 September 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.*

Michael J. D. Maxwell  
Required Signature of Incorporator

6 September 2014  
Date