

N140000009153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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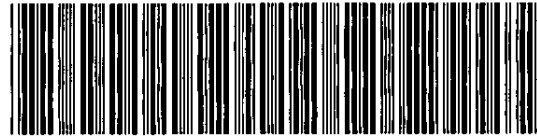
(Business Entity Name)

(Document Number)

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I JESSE L METZS WILL NOT REINSTATE DELIVERANCE TEMPLE OUTREACH
MINISTRY, INC. AND I RELEASE THE NAME FOR USE. DOCUMENT NUMBER IS
N12000000024.

Jesse L Metz

APPROVED
FILED

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SECTION 101.01, ARTICLE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: DeLIVERnce Temple Outreach minstry 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: _____
Name (Printed or typed)

8224 pin oak Rd
Address

Tallahassee FL 32305
City, State & Zip

545-6007
Daytime Telephone number

metzs Beverly @ yahoo.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: Deliverance Temple Outreach Ministry Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4560 Thomasville Rd
Tallahassee FL

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: church worship

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

appointed by Pastor

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Beverly meters

Address: 8224 Pin oak Rd

Tallahassee FL

32305

Name and Title: Secretary

Address:

Name and Title: Lizetta William

Address: 8004 Pin oak Rd

Tallahassee FL

32305

Name and Title: Treasurer

Address:

Name and Title: Jesse L meters

Address: 8224 Pin oak

Tallahassee FL

32305

Name and Title: Pastor

Address:

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ 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:

Jesse L Metz

Address:

4229 Pinoak Rd
Tallahassee

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Jesse L Metz

Address:

same

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

Jesse L Metz
Required Signature of Registered Agent

10-3-14
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.

Jesse L Metz
Required Signature of Incorporator

10-3-14
Date

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ARTICLE
VI
FILED