N/4000009634

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
	(0) (7)	-10
(Cr	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	•	
•		
ن ن		
	Office Use On	I V



700264719807

10/02/14--01014--010 **70.00

10/20/14 oh

COVER LETTER

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

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

2865 DERBY DR.

Address

DELTONA FL 32738

City, State & Zip

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 II PRINCIPAL OFFICE			
Principal street address:	-	ddress, if different is:	
2865 DERBY Dr.			
DELTONA Fl. 32738	<u> </u>		
ARTICLE III PURPOSE The purpose for which the corporation is organized is: To HELP People In	: TO TEACH AN	od preach the Bill	
	<u> </u>		
ARTICLE IV MANNER OF ELECTION T	The manner in which the directors are elec	eted and appointed:	
ARTICLE IV MANNER OF ELECTION T	The manner in which the directors are elec	cted and appointed: • VOTING	
		eted and appointed: • VOTING	
ARTICLE V INITIAL OFFICERS AND/O	R DIRECTORS		
Name and Title: MATTHEW T. Comstoo	R DIRECTORS When the control of the		
Name and Title: MATTHEW T. Comstor	R DIRECTORS Name and Title: Address:		
Name and Title: MATTHEW T. Comstoo	R DIRECTORS Name and Title: Address:		
Name and Title: MATTHEW T. Comstor	R DIRECTORS Name and Title: Address:		
Name and Title: MATTHEW T. Comstor	## DIRECTORS When we have and Title: Address: 38	14 OCT 17 AH	
Name and Title: MATTHEW T. Comston Address 2865 DERBY OF DELTONA \$1.32	## DIRECTORS	O TAUCT IT ANTHUS	
Name and Title: MATTHEW T. Comston Address 2865 DERBY OF DELTONA \$1.32	## DIRECTORS Name and Title: Address: Name and Title: Address:	O TARILLY AND THE STATE OF THE	
Name and Title: MATTHEW T. Comston Address 2865 DERBY OF DELTONA \$1.32 Name and Title:	Name and Title: Address: Name and Title: Address:	THE THE STATE OF T	
Name and Title: MATTHEW T. Comstoned Address DELTONA \$1.32 Name and Title: Martine St. 32 Name and Title: Martine St. 32	Name and Title: Address: Name and Title: Address:	THE THE STATE OF T	

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 a	_			
Name: MAtthew T. Co	omstock.			
Address: 2865 DERBY	<u>OP.</u>			
DELTONA FL. 3	32738			
ARTICLE VII INCORPORATOR				
The name and address of the Incorporator is:				
Name: MAHLW T. Cots	Stock Stock			
Address: 2865 DERBY				
Deltara Fl. 3	32738			
certificate, I am familiar with and accept the appointme	ice of process for the above stated corporation at the place designated in this uffas registered agent and agree to act in this capacity			
Marken 1 Cont	10/07/2014			
Required Signature of Registe	·			
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.				
Martin 1. Cont	10/07/2014			
Required Signature of In	acorporator / Dafe			



Division of Corporations

RECEIVED

14 00T 17 AM 10: 21

SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 3, 2014

MATTHEW COMSTOCK 2865 DERBY DR DELTONA, FL 32738

SUBJECT: FOR HIM MINISTRIES INC.

Ref. Number: W14000060367

We have received your document for FOR HIM MINISTRIES INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU HAVE USED THE WRONG FILING.PLEASE RE-SUBMIT USING NON-PROFIT FORM.

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.

Christine Haney Regulatory Specialist II New Filing Section

Letter Number: 614A00021184