MUXXV9854

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u></u>
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
. (Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Úse Only	



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OCT 2 4 2014 S. GILBERT

COVER LETTER

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

SUBJECT: DIVINE Intervention DELIVERANCE Ministries (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX) International. INC

Enclosed is an original a	nd one (1) copy of the Ar	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 Copy & Certificate
		ADDITIONAL COPY REQUIRED	

FROM: Sandra Dean May Green

Name (Printed or typed)

8200 Sw 22nd Street, Apt C 214

Address

North Landerdale, FL 33404.

City, State & Zip.

786 262-4378

Daytime Telephone number

Sandra - g - Daysis of g Mail - Com

E-mail address: (to be yeld for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATIONIn compliance with Chapter 617, F.S., (Not for Profit)

The name of the corporation shall be Divine The restrict	Deliverance Ministries Totalation
ARTICLE II PRINCIPAL OFFICE	Ţa.
Principal street address:	Mailing address, if different is:
8200 SW 22nd Stireet	<u></u>
Apt C-214	25 2 F
North Landerdole, FL. 3306	8 2 2
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is: The mire	
fulfill mathew 25:31-40	we have the desire
to work with, help and	/ \ \ / / \ \
men. Conduct outreach	
homeless and under privil	
desire of This Ministry for	ell fill geed of the
needy within the Com	munity.
ARTICLE IV MANNER OF ELECTION The manner in which the d	irectors are elected and appointed:
The founder President app	ointing Them
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	O
-P01	T '1 = Pai an
Name and Title: Sandra Rean May Greename and Title:	-
	3411 AVE E
Apt C 214	RIVIERA BEACH, FL. 33404
North Landordale, PL 33068	
Name and Title: Shekinah Rogers Name and Title:	Boysie Rosegreen-D
Address 12025 Rayal Wulff Lan Address:	4765 NW 415T Place
Apt 1108-C	Laydordole Lakes,
orlando, PL 32817	FL. 33319
Name and Title: MAXINE GODING JSD Name and Title:	The ChrisTIE Rios-D
Address 31324 Kirkshire Ct Address:	6540 NW 11th Street
Wesley chapel, FL. /	MARGATE, FL. 33063
<i>3354</i> 3	

Name and Title: Collette Abort	C-D Name and Title:	
Addiress 1060 Carn wall	Address:	
Read Rotal El	- 33434	······································
Boca Natov, 12	<u> </u>	
Name and Title:	Name and Title:	
Address	Address:	
		
*		
		
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box NO		
Name: Sandra Rean	May Green 1 Street Apt C 214	
Address: 8200 SW 221	d Street Apt C 214	•
North Lauderd	ale F1 32068	
	<u> </u>	
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
Name: Sandra Dean	May Green	
Address: 9200 SW 22nd	May Green 21. Street. Apt C 21. daley FL. 33668	4
Address.	11 6 32/19	
Nos 'n Fauder	daley FL: 33068	
Having been named as registered agent to accept so	amiles of museum for the above stated according	manadan adala menangan dalam da da sa
certificate, I am familiar with and accept the appoint		
D.		Act 15 2.11
Required Signature of Reg	eistered Agent	Oct 15, 2014
I submit this document and affirm that the facts state	ed herein are true. I am aware that any fal	se information submitted in a document
to the Department of State constitutes a third degree;		
	-	DC+ 15 20111
Required Signature of	f Incorporator	Oct 15, 2014