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W14-60358

# **COVER LETTER**

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

SUBJECT: njinterna	tionNEW JERUSAL	EM INTERNATION	AL MINISTRIES
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLU</u> I	DE SUFFIX)
Enclosed is an original at \$70.00 Filing Fee	nd one (1) copy of the Ar  \$78.75  Filing Fee &  Certificate of  Status	\$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee, Certified Copy & Certificate

FROM:

CATHERINE MILO MUKWELLE

Name (Printed or typed)

1504 SILKTREE COURT

Address

BRANDON, FLORIDA 33511

City, State & Zip

813-410-3572

Daytime Telephone number

njinternationalministries23@yahoo.com

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

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 3, 2014

CATHERINE MILO MUKWELLE 1504 SILKTREE CT BRANDON, FL 33511

SUBJECT: NEW JERUSALEM INTERNATIONAL MINISTRIES

Ref. Number: W14000060358

We have received your document for NEW JERUSALEM INTERNATIONAL MINISTRIES and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return 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.

Jessica A Fason Regulatory Specialist II

Letter Number: 114A00021178

### **COVER LETTER**

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

SUBJECT: New Jerusalem International Ministries, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Catherine Milo Mukwelle

Name (Printed or typed)

1504 Silk Tree Court

Address

Brandon, Florida 33511

City, State & Zip

813-410-3572

Daytime Telephone number

Myks Miloanks Yahrr. 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 The name of the	New Jerusa New Jerusa	alem Inte	rnational Mini	stries, Ir	1C.	
ARTICLE II						
150	Principal <u>street</u> address: 04 Silk Tree Court		Mailing address, if di	ifferent is:		
Br	andon, Florida 33511			· · · · · · · · · · · · · · · · · · ·		
ARTICLE II	II PURPOSE  for which the corporation is organized is:	o Pray and	Heal the sick with	ı diverse		
	es, by laying hands on					
To End	ourage, Educate and F	Promote	the study of th	e Bible,	and	
learnin	g how to pray by using	the LOR	D's Prayer. Pi	raying fo	or the	<del>,</del>
needy,	the broken hearted, fe	ed the po	oor, the father	less and	t	
encour	age love and appreciat	ion for o	ne another.			
Perforr	n and Conduct prayers	and wor	ship Services	•		
ARTICLE II	W MANNER OF ELECTION _ The ma	anner in which the	e directors are elected and ap	pointed: By th	e found	der
of the chur	ch, under the inspiration of the Ho			· 爱田	<b>.</b>	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS		OCT 2				
Name and Tit	catherine Milo Mukwelle, P/F	Name and Title	Michael Solanke, T/	Fin. Mgr	# AH	
Address	1504 Silk Tree Court	Address:	10910 N. 15th Sti		· -:	
	Brandon, FI 33511		Tampa, FI 33	612 臺灣	မ္	
				<del></del>		
Name and Tit	<sub>le:</sub> Margaret Kofele, Member	Name and Title	<b>:</b>			
Address	105-19 Liverpool Street	Address:				
	Jamaica, NY 11435	-		<u></u>		
XI 100						
Name and Title: Address	10910 N. 15th Street		:: <u></u>			
	Tampa, FI 33612	Address:				
		-				

Name and Title:_		Name and Title:	<del> </del>		
Address		Address:			
		<del></del>	·		
Name and Title:		Name and Title:	······································		
Address	<del></del>	Address:	<u> </u>		
_					
_			<del></del>		
ARTICLE VI	REGISTERED AGENT				
	orida street address (P.O. Box NOT acception Catherine Milo Mukwelle	table) of the registered agent is:			
Name:	1504 Silk Tree Cour	<del></del>			
Address:	Brandon, FI 33511	<u>·</u>			
ARTICLE VII The name and add Name:	INCORPORATOR dress of the Incorporator is: Catherine Milo Mukwelle				
Address:	1504 Silk Tree Cour	rt			
	Brandon, FI 33511				
Having been nam certificate, I am fa	ned as registered agent to accept service of the appointment of the ap	of process for the above stated corpore registered agent and agree to act in th	is capacity		ris
	Required Signature of Registered	A gent	10/20/201	4	
	ment and affirm that the facts stated herei of State constitutes a third degree selony a	n are true. I am aware that any false it		in a docume	ni
	whell Cult		10/20/201	4	
	Required Signature of Incorp	orator	Date	14 00	
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				AH 7	
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