

COVER LETTER

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

SUBJECT: El Rapha 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: Towanda Davis, Th.D

Name (Printed or typed)

PO Box 13732

Address

Tallahassee, FL 32317

City, State & Zip

850-321-8038

Daytime Telephone number

elraphaministries.tallahassee@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: El Rapha Ministries, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
601 Miccosukee Road
Tallahassee, FL 32308

Mailing address, if different is: PO Box 13732
Tallahassee, FL 32317-8

APPROVED AND FILED
14 DEC
PH 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: El Rapha Ministries, is a nonprofit organization committed to serving the community and catering to the needs of men, women and children in the community. We endeavor to build a cohesive community of health and social awareness while establishing faith and trust in the triune God. The ministry focuses on the healing of the mind, body and soul.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By the President

Special Meeting of the Board of Directors

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Towanda Davis, President
Address: 2300 Monaco Drive
Tallahassee, FL 32308

Name and Title: Dianne Williams Cox, Administrator
Address: 2312 Mavis Circle
Tallahassee, FL 32301

Name and Title: Christopher Davis, Board of Directors
Address: 2300 Monaco Drive
Tallahassee, FL 32308

Name and Title: Priscilla Jean Louis, Secretary
Address: 5025 Hampton Ridge Avenue
Tallahassee, FL 32311

Name and Title: Ivan Davila, Board of Directors
Address: 2672 Wyndam Bay Place
Apopka, FL

Name and Title: Valencia Copeland, Board of Directors
Address: 5 NW 69 Street
Miami, FL 33150

Name and Title: Lance Ball, Board of Directors
Address: 280 John Knox Road
Apt., 159
Tallahassee, FL 32303

Name and Title: Nerina Sanon, Treasurer
Address: PO Box 13732
Tallahassee, FL 32317

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Towanda Davis
Address: 2300 Monaco Drive
Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Towanda Davis
Address: PO Box 13732
Tallahassee, FL

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

[Signature]
Required Signature of Registered Agent

12/8/2014
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.

[Signature]
Required Signature of Incorporator

12/8/2014
Date

EFFECTIVE DATE 1/1/2015