

N14000011153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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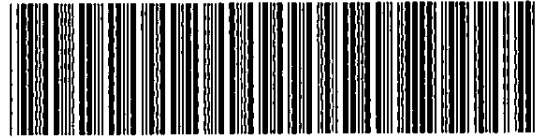
(Business Entity Name)

(Document Number)

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14 DEC -8 PM 12:45

14 DEC -8 PM 12:38  
STATE OF FLORIDA  
TALLAHASSEE

APPROVED  
AND  
FILED

S. GILBERT

DEC 8 2014

**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  
SECRET  
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