N/400001/307

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
— , , , —
(Business Entity Name)
(,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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12/11/14

COVER LETTER

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

SUBJECT: Saint Paul Holy Missionary Church of God, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

closed 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 CO	PY REQUIRED

FROM:	Pamela Paul		
	Name (Printed or typed)		
	530 Harrisburg Street SW		
	Address		
	Palm Bay, FL 32908		
	City, State & Zip		
	321- 298-0324		
	Daytime Telephone number		

pwilly750@yahoo.com

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

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

Pamela Paul 530 Harrisburg Street SW Palm Bay, FL 32908

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

October 1, 2014

RE: Saint Paul Holy Missionary Church of God, Inc.

Please be advised that the current EIN# 770648994 is being submitted as an official number issued by the IRS to be used along with this corporation.

Thank you in the processing of this request.

Pamela Paul

President / Registered Agent

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE : The name of	the corporation shall be: Saint Paul H	oly Missionary Church	or God, Inc.		
ARTICLE :					
Principal <u>street</u> address: 530 Harrisburg Street SW		Mailing addi 530 Harrisburg S	ress, if different is:		
Pa	alm Bay, FL 32908	Palm Bay, FL	Palm Bay, FL 32908		
	TIT PURPOSE for which the corporation is organized is: to ves both those that are Chris				
which w	e live, to enhance the quality	y of existence in both th	ne physical and spiritual		
lives of	all.				
			Fach		
ARTICLE	or will be duly qualified and elected V INITIAL OFFICERS AND/OR DI tle: Pamela Paul / President 530 Harrisburg Street SW	RECTORS Name and Title:	14 DEC 10		
ARTICLE Name and Ti	v INITIAL OFFICERS AND/OR DI ttle: Pamela Paul / President 530 Harrisburg Street SW Palm Bay, FL 32908	RECTORS Name and Title: Address:	14 DEC 10		
ARTICLE Name and Ti	v INITIAL OFFICERS AND/OR DI tle: Pamela Paul / President 530 Harrisburg Street SW Palm Bay, FL 32908 tle: Aldie Ellington / Secretary	RECTORS Name and Title: Address:	TALLAND TELED		
ARTICLE Name and Ti Address	v INITIAL OFFICERS AND/OR DI tle: Pamela Paul / President 530 Harrisburg Street SW Palm Bay, FL 32908 tle: Aldie Ellington / Secretary 1063 Red Bud Circle	RECTORS Name and Title: Address:	TALLANS AND 47		
ARTICLE Name and Ti Address	v INITIAL OFFICERS AND/OR DI tle: Pamela Paul / President 530 Harrisburg Street SW Palm Bay, FL 32908 tle: Aldie Ellington / Secretary	RECTORS Name and Title: Name and Title:	TALLANS AND 47		
ARTICLE Name and Ti Address Name and Ti Address	v INITIAL OFFICERS AND/OR DI tle: Pamela Paul / President 530 Harrisburg Street SW Palm Bay, FL 32908 tle: Aldie Ellington / Secretary 1063 Red Bud Circle	RECTORS Name and Title: Address: Name and Title: Address:	14 DEC 10 MI IO 47		
ARTICLE Name and Ti Address Name and Ti Address	INITIAL OFFICERS AND/OR DI INITIAL OFFICERS AND/OR DI Street: Pamela Paul / President 530 Harrisburg Street SW Palm Bay, FL 32908 Aldie Ellington / Secretary 1063 Red Bud Circle Rockledge, FL 32955	each year as per bylaws. RECTORS Name and Title: Address: Name and Title: Address:	14 DEC 10 MI IO 47		

Name and Title:_	1 ,	Name and Title:		
Address		Address:		
Name and Title:_	1	Name and Title:		
Address		Address:		
ARTICLE VI	REGISTERED AGENT			
The name and Flo	rida street address (P.O. Box NOT accept	able) of the registered agent is:		
Name:	Pamela Paul			
Address:	530 Harrisburg Street S	SW	Eg 🕏	
	Palm Bay, FL 32908		1 DEC	***
ARTICLE VII	INCORPORATOR			<u> </u>
The name and add	Iress of the Incorporator is:		· · · · · · · · · · · · · · · · · · ·	
Name:	Pamela Paul		M 0 4	U
Address:	530 Harrisburg Street S	<u>sw</u>	47 E BA	
	Palm Bay, FL 32908			
certificate, I am fa	ed as registered agent to accept service of miliar with and accept the appointment as			esignated in this
Pan	ola Paul		10 - 1	ع م ال
	Required Signature of Registered A	gent	Date	2 014
	ment and affirm that the facts stated herein of State constitutes a third degree felony as	are true. I am aware that any		ed in a document
	Panda Pull		40-1 2	1011
	Required Signature of Incorpo		Date	ro IH