N 150000322

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(bocument Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only

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15 JAN 26 PH 1: 39

1/21/15

FILED

COVER LETTER

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

SUBJECT: ABUNDANT LIFE OUTGEACH DELIVEYANCE. 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: INGRID E. Cam Phell
Name (Printed or typed)

4834 NW 1742 Drive

COCONUT CIERRY 71 33063

(754) 235-1039

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

FILED

15 JAN 26 PH 1: 39

SECRETARY OF STATE
FALL MIKSSEE, FLORIDA

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



15 JAN 26 PM 3:50

FLORIDA DEPARTMENT OF STATE ALLAHASSEE FLORIBA Division of Corporations

December 23, 2014

NNGRID E CAMPBELL 4834 NW 14TH DRIVE COCONUT CREEK, FL 33063

SUBJECT: ABUNDANT LIFE OUTREACH DELIVERANCE (ALOUD) IN

Ref. Number: W14000076144

We have received your document for ABUNDANT LIFE OUTREACH DELIVERANCE (ALOUD) IN 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 document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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.

LILED

Claretha Golden Regulatory Specialist II New Filing Section

1. . m

Letter Number: 814A00027160

ARTICLES OF INCORPORATION

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

ARTICLE I The name of the	NAME corporation shall be: ABundant	Life ou	treach Deliverance	Ministry Ir
ARTICLE II	PRINCIPAL OFFICE			
48	Principal street address:		Mailing address, if different is:	
Co	conut creek 71			
<u>33</u>	063			
The purpose for	PURPOSE which the corporation is organized is:	Comm	unity Outread	
				S. 55
			55(E, F)	V 26 PH
ARTICLE IV	MANNER OF ELECTION. The ma			1: 39
ARTICLE V	INITIAL OFFICERS AND/OR DIR		TATED IN THE BYLAWS)	_ ·
Name and Title:	Ingeid Campbell. Acc	Name and Title:	Hewwin Campbell	. Teasurer
Address	4834 NW 144h	Address:	4834 NW 19th P	Y
F	or. Coconut Cleek	-	Cownut Check 9	-1
_	41 33063		33.063	_
Name and Title:	Natasha Campbell V.P	Name and Title:	·	_
	382 Pleasant		,	
	1st Floor, North			•
	tamptom Mas. didui	ad .		•
Name and Title:		,		-
Address	DO BOX 978294			
	COCONUL CLEEK	1 1001 C35.		•
-	33097			
_				•

Name and Title:_		Name and Title:	-
Address			
Name and Title:_		Name and Title:	-
Address		Address:	-
			-
ARTICLE VI	REGISTERED AGENT		
The name and Flo	rida street address (P.O. Box NOT accept		
Name:	Ingride Campbe	<u>u </u>	ु ज
Address:	4834 NW 144h }	2.	
	coconny Check 7	imo	ILE 26
ARTICLE VII	INCORPORATOR		
The name and add	iress of the Incorporator is:	NA N	(4)
Name:	Ingrid E. Campbe	<u> </u>	39
Address:	4834 NW 14th	pr	
	Coconut Cleek 4	H 33063	
certificate, I am fa	miliar with and accept the appointment as i	f process for the above stated corporation at the place registered agent and agree to act in this capacity	designated in this
Ingil	Required Signature of Registered A	Agent 1/21/15	5
I submit this docu to the Department	ment and affirm that the facts stated herein of State constitutes a third degree felony as	n are true. I am aware that any false information submits provided for in s.817.155, F.S.	tted in a document
Unque	L L Campbell Required Signature of Incorpo	Date Date	5
V	-	•	