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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Believers of The Word International
(PROPOSED CORPORATE NAME) Ministries, Inc.
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: Apostle Jacquelyn D. Robinson
Name (Printed or typed)

2635 S. Adams.
Address

Tallahassee, FL 32301
City, State & Zip

850-879-6063
Daytime Telephone number

Slive4him20@yahoo.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: Believers of The Word International
Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2635 South Adams.
Tallahassee 32301

Mailing address, if different is:

P.O. Box 5781
Tallahassee, FL 32314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Believers of the Word
International, Inc. has been organized to
Minister to the Spiritual, Physical, & Social
needs of the people. This Corporation is
a non profit religious organization.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Board
Group - Nonexalted.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Apostle Jocelyn Robinson Name and Title: _____

Address: 6721 Longhorn Dr. Address: _____

Tallahassee, FL 32311
Overseer (Pastor)

Name and Title: Charles A. Robinson Name and Title: _____

Address: 6721 Longhorn Dr. Address: _____

Elder.

Name and Title: Dawn Smith Name and Title: _____

Address: 402 Destin Dr. Address: _____

Tallahassee, FL.
Secretary

FILED
2015 FEB -6 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FL 32301

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name:

Apostle Laquela Robinson

Address:

6721 Langham Dr.
Tallahassee, FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Apostle Laquela Robinson

Address:

6721 Langham Drive
Tallahassee, FL 32311

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

Apostle Laquela Robinson
Required Signature of Registered Agent

2-6-15
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.

Apostle Laquela Robinson
Required Signature of Incorporator

2-6-15
Date