

N150000006477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400273799204

06/19/15--01007--012 **78.75

15 JUL -6 PM 12:43
NOT RECORDED

W115-43068

sum 7/7

COVER LETTER

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

SUBJECT: Beth-EL Apostolic Ministries, International
(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: Lois Perry
Name (Printed or typed)

170 SE Osprey Ridge
Address

Port St Lucie, FL 34984
City, State & Zip

678.522.0262
Daytime Telephone number

Kingdom Focus 07@gmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2015

LOIS PERRY
170 SE OSPREY RIDGE
PORT ST. LUCIE, FL 34984

SUBJECT: BETH-EL APOSTOLIC MINISTRIES, INTERNATIONAL
Ref. Number: W15000043068

We have received your document for BETH-EL APOSTOLIC MINISTRIES, INTERNATIONAL 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 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.

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.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 915A00013177

COVER LETTER

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

SUBJECT: Beth-EL Apostolic 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: LOIS PERRY
Name (Printed or typed)

170 SE OSPRAY RIDGE
Address

Port St Lucie, FL 34984
City, State & Zip

678.522.0262
Daytime Telephone number

Kingdom Focus 07@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: BETH-EL APOSTOLIC MINISTRIES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

170 SE OSPREY RIDGE

PORT ST. LUCIE

FLORIDA 34984

Mailing address, if different is:

Post Office Box 7181

PORT ST. LUCIE

FLORIDA 34985

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Exclusively religious, charitable, scientific, literary and educational within the meaning of 501(C)3 guidelines of the Internal Revenue laws. Church.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Directors are elected and appointed by the Executive Officers and hold position sync and reelectable.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LOIS Perry, President/CEO Name and Title: Miranda Love, Treasure

Address: 170 SE Osprey Ridge Address: 2660 Barnwell Court
Port St Lucia, FL 34984 Powder Spring, GA 30127

Name and Title: Ronald Perry, VP/CFO Name and Title: _____

Address: 170 SE Osprey Ridge Address: _____
Port St Lucia, FL 34984

Name and Title: Regina Adams, Secretary Name and Title: _____

Address: 90 Oaklonding TRL. SO. Address: _____
Douglasville, GA 30134

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: Lois Perry

Address: 170 SE Doppen Ridge

Port St Lucia, FL 34984

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lois Perry

Address: 170 SE Doppen Ridge

Port St Lucia FL. 34984

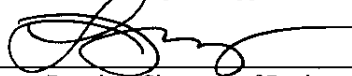
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: June 16, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

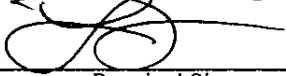


Required Signature of Registered Agent

6-16-2015

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.



Required Signature of Incorporator

6-16-15

Date