

N15000007820

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 AUG -7 AM 11:20

EFFECTIVE DATE 08/03/15

08/12/15

## COVER LETTER

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

**SUBJECT:** Adonai Worship&Prayer Ministry 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:** Duffy Skinner111  
\_\_\_\_\_  
Name (Printed or typed)

7819 Trent Drive  
\_\_\_\_\_  
Address

Tamarac Florida 33321  
\_\_\_\_\_  
City, State & Zip

954 673-9772  
\_\_\_\_\_  
Daytime Telephone number

skinner858985@bellsouth.net

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: Adonai Worship & Prayer Ministry Incorporated

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
7819 Trent Drive Tamarac, Florida 33321

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To be able to make God's Word alive for his people. Through Prayer and Praise  
Travel Evangelism

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**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: as stated in the bylaws

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Skinner, Duffy 111</u>	Name and Title: <u>Pastor and Leader</u>
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Address: <u>7819 Trent Drive</u>	Address: <u>Tamarac Florida 33321</u>
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Name and Title: <u>Skinney, W. Letha</u>	Name and Title: <u>CO-Pastor and Leader</u>
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Address: <u>7819 Trent Drive</u>	Address: <u>Tamarac Florida 33321</u>
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Name and Title: _____	Name and Title: _____
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Address: _____	Address: _____
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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: Skinner, Duffy 111

Address: 7819 Trent Drive

Tamarac Florida 33321

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Duffy Skinner111

Address: 7819 Trent Drive

Tamarac, Florida 33321

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: August 3, 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*

Skinner Duffy 111  
Required Signature of Registered Agent

August 3, 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.*

Duffy Skinner  
Required Signature of Incorporator

August 3, 2015

Date

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