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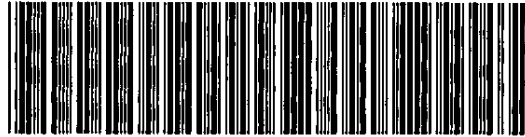
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Cover Letter)

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

SUBJECT: **ARISE MINISTRIES OUTREACH CENTER**
(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: **DAVID PETERSON**

Name (Printed or typed)

215 LONEPINE DR.

Address

EDGEWATER, FL 32132

City, State & Zip

386-424-9713

Daytime Telephone number

Arise.dave1@CFL.RR.COM
E-mail address: (to be used for future annual report notification)

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

ARTICLE I NAME

The name of the corporation shall be: ARISE MINISTRIES OUTREACH CENTER INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

215 LONEPINE DR.
EDGEWATER, FL 32132

Mailing address, if different is:

PO BOX 1505
EDGEWATER, FL 32132

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: EVANGELISTIC OUTREACH, A PLACE OF WORSHIP, SUNDAY SCHOOL

AND BIBLE TEACHING

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

THE DIRECTORES ARE ELECTED BY 2/3 VOTE OF TRUSTEES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rev. David M. Peterson Name and Title: _____

Address: 215 LONEPINE DR. Address: _____
EDGEWATER, FL 32132

Name and Title: MATTHEW W. PETERSON Name and Title: _____

Address: 215 LONEPINE DR. Address: _____
EDGEWATER, FL 32132
TRUSTEE

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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15 SEP 10 PM 3:10
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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: Barbara L. Peterson

Address: 215 LONE PINE DR.
Edgewater, FL 32132

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rev. David M. Peterson

Address: 215 LONE PINE DR.
Edgewater, FL 32132

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

Barbara Peterson
Required Signature of Registered Agent

9/1/2015
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.

Rev. David M. Peterson
Required Signature of Incorporator

9/1/2015
Date