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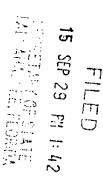
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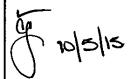
Office Use Only



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08/17/15--01024--011 \*\*78.75





## **COVER LETTER**

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

SUBJECT: WINpraying	g Ministry, Inc.		
SUBJECT.	(PROPOSED CORP	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
Enclosed is an original	and one (1) copy of the Ar	ticles 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 CO	PY REQUIRED
FROM:	Angela Santiago	me (Printed or typed)	-
	13511 SW 3rd Court	Address	- Eg

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

Davie, FI 33325

754-273-1715

FloridaWomenPray@gmail.com

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

City, State & Zip

Daytime Telephone number

## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 24, 2015

ANGELA SANTIAGO 13511 SW 3RD COURT DAVIE, FL 33325

SUBJECT: WINPRAYING MINISTRY, INC.

Ref. Number: W15000056292

We have received your document for WINPRAYING MINISTRY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. \*http://www.sunbiz.org/titledef.html.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 715A00017860

15 SEP 29 PH 1: 42

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

The name of the corporation shall be: WIN pract	ging Ministry Inc.
ARTICLE II PRINCIPAL OFFICE	1 ILEU
Principal street address:  13511 SW 3rd CT	Mailing address, if different is:  Save TARY OF STATE
Davie, P2 33325	
The purpose for which the corporation is organized is:	- ite la scal Monagais and a committe and to
and Conferences.	aithbased Women's Prayer Summits, exents
	support and mentorship for women
To provide resources to	support and mentorship for women he church and/or Marketplace or women with spiritual, social
arm armestic helds,	
article IV MANNER OF ELECTION The manne as Stated TM By-la	r in which the directors are elected and appointed: Appointed
ARTICLE V INITIAL OFFICERS AND/OR DIRECTO	
Name and Title Angela Santiago, P Address 1354 SW 30 Court	Name and Title:
Davie, FL 33325	Address:
20 LCLADE Gamet	Name and Title:
Dane, R-33325	Address:
Name and Title: Lorraine Talamini, T	Name and Title:
Address 9062 SW 20th PL Miranar, P2 33025	Address:

Name and Title:_		Name and Title:			
Address	· · · · · · · · · · · · · · · · · · ·	Address:			
-		<del></del>			
Name and Title:_		Name and Title:	··		
Address		Address:			
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<del>-</del>				<del>, , , , , , , , , , , , , , , , , , , </del>	
	REGISTERED AGENT prida street address (P.O. Box NQT accep	otable) of the registe	ered agent is:		
			red agont is.		
Name:	Angela Santiau 13511 SW 3rd C				
Address:		00Y1			
	Davie, Fr 33325			S S	<b></b> .
	,			P 2	<u> </u>
	INCORPORATOR				
The <u>name and ad</u>	dress of the Incorporator is:				U
Name:	Magela Santiag	0			
Address:	13811 SW 35 COU	vt_		42	, <del>'</del>
	Angela Sanfiag 13511 SW 30 Cou Davie, Fl 5332	T			
ARTICLE VIII	EFFECTIVE DATE:				
Effective date, if (If an effective dafter the filing.)	other than the date of filing:ate is listed, the date must be specific an	d cannot be more	(OPTIONAL) than five business day	s prior or 90 b	usiness days
Note: If the date document's effec	inserted in this block does not meet the aprive date on the Department of State's reco	oplicable statutory f ords.	iling requirements, this	date will not be	listed as the
certificate, I am j	ned as registered agent to accept service amiliar with and accept the appointment a	is registered agent a	and agree to act in this o	capacity	
Un	Required Signature of Registered			9/10	2015
	Required Signature of Registered	Agent		/ Date /	
I submit this doct to the Departmen	iment and affirm that the facts stated here t of State constitutes a third degree felony	ein are true. I am a as provided for in s	ware that any false info 3.817.155, F.S.	rmation submitt	ted in a document
and	ala Santing			9/10	12015
	Required Signature of Incor	porator	_	Date	