

N15000010414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

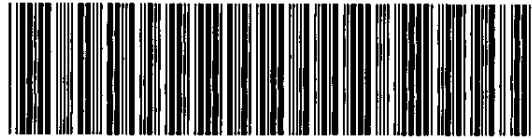
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 OCT 19 AM 10:32

10/26/15

COVER LETTER

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

SUBJECT: **TEGDRA SAMUEL 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: **TEGDRA SAMUEL**
Name (Printed or typed)

2175 JUDGE FRAN JAMEISON WAY #210
Address

VIERA, FL 32940
City, State & Zip

386-792-4048
Daytime Telephone number

tegdra@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: **TEGDRA SAMUEL MINISTRIES, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2175 JUDGE FRAN JAMIESON WAY #210
VIERA, FL 32940

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The mission of Tegdra Samuel Ministries is to reach the world with the message about the love and saving grace of Jesus Christ. Through music, art, and outreach programs we promote Christian values by teaching biblical principles. It is our goal to touch the hearts of God's people and lead them to worship.

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

THE DIRECTORS SHALL BE ELECTED BY MAJORITY VOTE.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>TEGDRA SAMUEL/FOUNDER-CEO</u>	Name and Title: _____
Address: <u>2175 FRAN JAMIESON WAY #210</u>	Address: _____
<u>VIERA, FL 32940</u>	_____

Name and Title: <u>VIVA BRAYEN/VP</u>	Name and Title: _____
Address: <u>1420 NW 170TH TERRACE</u>	Address: _____
<u>PEMBROKE PINES, FL 33029</u>	_____

Name and Title: <u>ANITA ROWSER/S-T</u>	Name and Title: _____
Address: <u>1140 HIDEAWAY DRIVE NORTH</u>	Address: _____
<u>ST. JOHN, FL 32259</u>	_____

ARTICLE VI REGISTERED AGENT

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


Name: TEGDRA SAMUEL
Address: 2175 FRAN JAMIESON WAY #210
VIERA, FL 32940

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: TEGDRA SAMUEL
Address: 2175 FRAN JAMIESON WAY #210
VIERA, FL 32940

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

10/5/2015

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

10/5/2015

Date

FILED
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