

N15000010582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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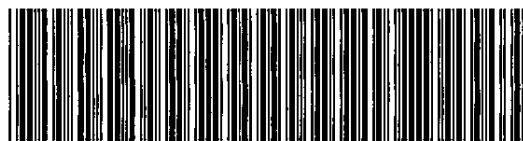
(Business Entity Name)

(Document Number)

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W115-68562

0108

COVER LETTER

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

SUBJECT: ROSE OF SHARON EL SHADDAI (R.O.S.E.S.) INTERNATIONAL 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: SHARON S. ANDERSON

Name (Printed or typed)

7205 FIVE POINT CIRCLE #102

Address

TAMPA, FLA 33634

City, State & Zip

813-815-0803

Daytime Telephone number

ROSES.INTERNATIONAL.MINISTRIES@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

October 15, 2015

SHARON S. ANDERSON
7205 FIVE POINT CIRCLE, #102
TAMPA, FL 33634

SUBJECT: ROSE OF SHARON EL SHADDAI (R.O.S.E.S.) INTERNATIONAL
MINISTRIES, INC.
Ref. Number: W15000068562

We have received your document for ROSE OF SHARON EL SHADDAI (R.O.S.E.S.) INTERNATIONAL MINISTRIES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Corporations may file using only the corporate name. Please delete any reference to the acronym "(R.O.S.E.S.)" in your document.

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: 015A00021869

COVER LETTER

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

SUBJECT: ROSE OF SHARON EL SHADDAI INTERNATIONAL MINISTRIES, INC.

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Name (Printed or typed)

7205 FIVE POINT CIRCLE #102

Address

TAMPA, FLA 33634

City, State & Zip

813-815-0803

Daytime Telephone number

ROSES.INTERNATIONAL.MINISTRIES@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: ROSE OF SHARON EL SHADDAI INTERNATIONAL MINISTRIES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
7205 FIVE POINT CIRCLE # 102
TAMPA, FLORIDA 33634

Mailing address, if different is:
P.O. BOX 263245
TAMPA, FLORIDA 33685-3245

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To minister to the target audience of women who have suffered all kinds of
hurt via relationships and the devastating effects caused by them. It will open the pathway for the soothing and calming spirit of God
himself to manifest and empower their hearts and minds according to his divine will and purpose. The corporation is organized
exclusively for charitable, religious, educational, and scientific purposes, including such purposes, the making of distributions to
organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Elected via vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sharon S. Anderson, President

Name and Title: _____

Address: 7205 Five Point Circle #102
Tampa, FL 33634

Address: _____

Name and Title: Katheryn L. Webster, Secretary

Name and Title: _____

Address: 4703 Ginger Cove Apt. F
Tampa, FL 33634

Address: _____

Name and Title: Reginald D. Anderson, Sr., Treasurer

Name and Title: _____

Address: 7205 Five Point Circle #102
Tampa, FL 33634

Address: _____

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: Reginald D. Anderson, Sr.
Address: 7205 Five Point Circle #102
Tampa, Florida 33634

15 OCT 28 PM 1:18
NOTED - FIDELITY

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sharon S. Anderson
Address: 7205 Five Point Circle #102
Tampa, Florida 33634

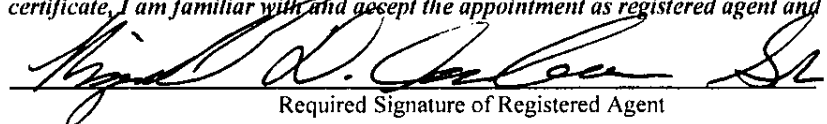
ARTICLE VIII EFFECTIVE DATE: 01/01/2016

Effective date, if other than the date of filing: _____ (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.

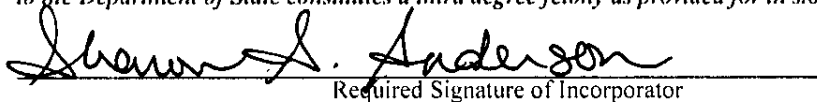
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature of Registered Agent

10/23/2015

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

10/23/2015

Date