

N15000011023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

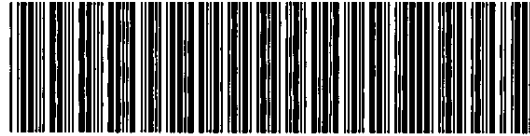
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09/23/15--01016--006 **78.75

W15-
65061

FILED
15 NOV 12 PM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Let It Rain Blessings 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: Jeffrey P. Myers

Name (Printed or typed)

702 W. Debbie Cir

Address

Tampa, Fl. 33613

City, State & Zip

813-850-4116

Daytime Telephone number

letitrainblessings@live.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

September 30, 2015

JEFFREY P. MYERS
702 W DEBBIE CIR
TAMPA, FL 33613

SUBJECT: LET IT RAIN BLESSINGS MINISTRIES INC.
Ref. Number: W15000065061

We have received your document for LET IT RAIN BLESSINGS MINISTRIES 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.

Please return 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.

Tim Burch
Regulatory Specialist II

Letter Number: 415A00020669

RECEIVED
15 NOV 12 PM 12:23
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: Let It Rain Blessings Ministries Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3402 Delenil Ave.

Tampa FL 33610

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: food bank, cooked food services, and outreach with other churches, assiting
other charities.

FILED
NOV 12 PM 4:09
TALLAHASSEE, FLORIDA

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Filed

Elected Annual
Meeting Sec Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeffrey P. Myers (President)

Address: 702 W. Debbie Cir
Tampa, Fl. 33613

Name and Title: Paul Buster (Vice President)

Address: 3402 Deleuil ave
Tampa Fl. 33610

Name and Title: Tabitha Myers (Secretary)

Address: 702 W. Debbie Cir.
Tampa, Fl, 33613

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: Jeffrey P. Myers

Address: 702 W. Debbie Cir.

Tampa Fl. 33613

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15 NOV 12 PM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jeffrey P. Myers

Address: 702 W. Debbie Cir

Tampa Fl. 33613

ARTICLE VIII EFFECTIVE DATE:

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

Jeffrey P. Myers
Required Signature of Registered Agent

9/26/2015

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.

Jeffrey P. Myers
Required Signature of Incorporator

9/26/2015

Date