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SECRETARY OF STATE TALLARITY SEE THORIDA

NOV 16 2015 T CANNON

COVER LETTER

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

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

234 8870

Daytime Telephone number

Postork mume @ bellsouth. net E-thail address: (to be used for future annual report notification)

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

X/1/2/2015



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 20, 2015

EVELYN B MOORE 12540 SW 203RD STREET MIAMI, FL 33177 US

SUBJECT: UNITED METHODIST WOMEN OF KERR MEMORIAL

Ref. Number: W15000069607

We have received your document for UNITED METHODIST WOMEN OF KERR MEMORIAL and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

You must state the entire name of the corporation in the purpose.

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.

Tina D Cannon Regulatory Specialist II

Letter Number: 315A00022200

* Corrected 10/2/2016

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

ARTICLE I NAME The name of the corporation shall be:	E PA MARK
ARTICLE II PRINCIPAL OFFICE Kerr Memorial United Methodis	st Women, Inc.
Principal street address: 1006 West Indigo Street Mailing address, if different in the street of t	s:
Miami, F1 33157	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Kerr Memorial United M. Women Inc. Shall be a Community of Whose purpose is to know God and to exper Freedom as whole persons through Jesus of Cevelop a creative supportive fellowship; Concepts of mission through garticis the global ministries of the Church. ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: According and each elected and appointed as a shall of officers to the membership and each elected.	of women erience Christ, to Ond to expand Ration in
Name and Title: Evelyn B. Moore, Hesident Name and Title: Address 12540 SW203rd Street Address: Miami, Fl 33177	SECRETALL SHA
Name and Title: Regina Janson President Name and Title: Address 14421 Carver Drive Address:	SEE STATE SEE SEE STATE
Migmi, Fl 33176 Name and Tive: Sherryn Reorge, Secretary Name and Title: Address 16965 SW 106 to Court Address: Migmi, Fl 33157	

K/1/2/2015

Name and Title: Mary Smiley Treas	Name and Title:	
Address 18000 SW 104 #	Address:	
Miami, F1 3315		
V I		
Name and Title:	Name and Title:	
Address	Address:	
<u> </u>		
ARTICLE VI REGISTERED AGENT		
The name and Florida street address (P.O. Box	. ,	
Name: Evelyn B Moo)re	
Address: 12540 5W 202	and St.	
Aliam, Fl 33	NOV SECRETARIAN NOV ALLANDER	
·		
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	9 SSE	
- 1 - 11		
•	- 37 >	
Address: 12540 SW 20		
Miami, Fl 3	31. 1.7	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	(OPTIONAL)	
	specific and cannot be more than five business days prior or 90 business days	
Note: If the date inserted in this block does not a document's effective date on the Department of S	meet the applicable statutory filing requirements, this date will not be listed as the State's records.	
Having been named as registered agent to acce certificate, I am familiar with and accept the app	ept service of process for the above stated corporation at the place designated in this cointment as registered agent and agree to act in this capacity	
Required Signature of	ne 10 08 2015 Registered Agent 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.		
Evelyn B. K. Required Signatu		
## Required Signatu	re of Incorporator Date	