

N 15000011425

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

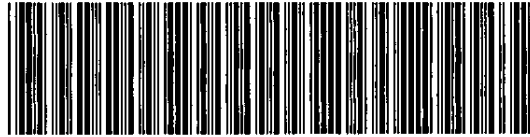
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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*J* 12/2/15

## COVER LETTER

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

**SUBJECT:** Men of Impact Development Center, 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:** Olden Robert Reese  
\_\_\_\_\_  
Name (Printed or typed)

17610 NW 41st Avenue  
\_\_\_\_\_  
Address

Miami Gardens, FL 33055  
\_\_\_\_\_  
City, State & Zip

786-357-0600  
\_\_\_\_\_  
Daytime Telephone number

oldenreese@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 29, 2015

OLDEN ROBERT REESE  
17610 NW 41ST AVENUE  
MIAMI GARDENS, FL 33055

SUBJECT: MEN OF IMPACT DEVELOPMENT CENTER, INC  
Ref. Number: W15000071733

Attention: Please correct!!!  
You have the name spelled  
incorrectly. It should be  
"IMPACT" see the correct  
spelling on the Articles  
attached.

We have received your document for MEN OF IMPACT DEVELOPMENT CENTER, 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):

Please make sure the registered agent and the incorporators name is listed in the following order: First name, middle initial and last name.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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: 415A00022954

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SECTION

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## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be: Men of Impact Development Center, Inc

~~FILED~~

### ARTICLE II PRINCIPAL OFFICE

Principal street address:  
17610 NW 41st Avenue

Miami Gardens, FL 33055

Mailing address, if different is:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is a non-profit religious benefit corporation and is organized under the Non-Profit Public Benefit Corporation Law for Religious Purposes. To establish Evangelistic, Apostolic, Prophetic and Pastoral training. The ministry will consist of, but shall not be limited to the following Economic Development areas: Hopelessness, Prison Rehabilitation, Work Placement, Domestic Abuse Counseling, Substance Abuse Counseling, Radio/Internet Broadcasting, Food & Clothing Assistance, Land Acquisition, and other spiritual platforms to support the outreach ministries for the Body of Jesus Christ. In accordance with the Doctrine of the corporation creed/bylaws as Pastor, Evangelist and Instructor to spread the Gospel of Jesus Christ.

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

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Olden Robert Reese, President Name and Title: \_\_\_\_\_

Address: 17610 NW 41st Avenue Address: \_\_\_\_\_  
Miami Gardens, FL 33055

Name and Title: Lashon Reese, Secretary, Treasurer Name and Title: \_\_\_\_\_

Address: 17610 NW 41st Avenue Address: \_\_\_\_\_  
Miami Gardens, FL 33055

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ 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: Olden R. Reese

Address: 17610 NW 41st Avenue

Miami Gardens, FL 33055

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Olden R. Reese

Address: 17610 NW 41st Avenue

Miami Gardens, FL 33055

**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*

Olden R. Reese

Required Signature of Registered Agent

10/16/15

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.*

Olden R. Reese

Required Signature of Incorporator

10/16/15

Date