N16000000926

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	



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Office Use Only

W16-002077

202/01/16



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 13, 2016

MARIE LUCIUS P.O. BOX 46653 TAMPA, FL 33646

SUBJECT: WORLD FAITH MINISTRIES INC

Ref. Number: W16000002077

We have received your document for WORLD FAITH 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 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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 816A00000880

COVER LETTER

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

SUBJECT:	orld fath Min	istries Inc						
	(PROPOSED CORPO	RATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)					
Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:								
_	Enclosed is all original and one (1) copy of the Articles of incorporation and a check for .							
\$70.00 Filing Fee	☐ \$78.75 Filing Fee &	\$78.75 Filing Fee	□ \$87.50 Filing Fee,					
g	Certificate of	& Certified Copy	Certified Copy					
	Status		& Certificate					
		1						
		ADDITIONAL CO	PY REQUIRED					
		ADDITIONAL CO	PY REQUIRED					
rnou	Marie 1	ADDITIONAL CO	PY REQUIRED					
FROM	: Marie L	ADDITIONAL CO	PY REQUIRED					
FROM	: Marie L Po Ro	e (Printed or typed)	PY REQUIRED					
FROM	: Marie L P.O. Bo	u Ciu S	PY REQUIRED					
FROM	: Marie L P.O. Bo	UCIUS e (Printed or typed) × 46653	PY REQUIRED					

786-326-5694

Daytime Telephone number

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

E-mail address: (to be used for future annual report notification)

. \$

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

ARTICLE I NAME The name of the corporation shall be:	1 Faith Ministres Inc		_
ARTICLE II PRINCIPAL OFFICE			
Principal <u>street</u> address: 9113 Kentucky GbSonton, Fl	Mailing address, if different is: P. O. BOX 4 33534 Tampa, FP	.66 <i>5</i> -	3 <u> </u>
ARTICLE III PURPOSE The purpose for which the corporation is organized is Linully and inline al and lalicate thingle	: To assist includuals a unally. To transform live Cod's line and ides Wo	<u>icl</u> €0 2, en 1d.	pare
	nanner in which the directors are elected and appointed:		
Name and Title:	Name and Title:		
Address	Address:		7.1817 1873 1873 1873 1873 1873 1873 1873
Name and Title:	Name and Title:	29	ANY O
Address	Address:		PORATION
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Name and Title:		Name and Title:	_	
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Name and Title:		Name and Title:	_	
Address _		Address:	-	
			_	
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	REGISTERED AGENT	and the College of th		
i ne <u>name and r</u>	orida street address (P.O. Box NOT acce	ptable) of the registered agent is:		
Name:	Wind live			
Address:	9113 Kentucky D	ay Ct.		
	Chbsonton, FL 33	<u>3534</u>		ž.
			<u>⊆</u>	9.54 5.47
	INCORPORATOR dress of the Incorporator is:			रिके Эस्
`	Quetlie Linte		3	
Name:			PX	돌유문
Address:	9113 Kentucky	Day Ct.	<u>:2</u>	28 28
	Chsonton, H 3	33534	27	
	EFFECTIVE DATE:	(OPTIONAL)		က
	other than the date of filing:ate is listed, the date must be specific an		business	days
	inserted in this block does not meet the aptive date on the Department of State's reco	oplicable statutory filing requirements, this date will not bords.	e listed a	as the
		of process for the above stated corporation at the place as registered agent and agree to act in this capacity	: designa	ted in this
	4/		111	
	Required Signature of Registered	Agent Date		
I submit this doc	ment and affirm that the facts stated here	rin are true. I am aware that any false information subm	itted in a	document
to the Departmen	t of State constitutes a third degree felony	,)*	ł	
(Required Signature of Dicor	porator Date	16	