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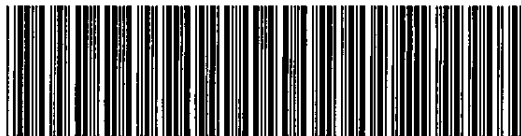
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FEB 15 2016

T. SCOTT



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16 FEB - 1 11:50

COVER LETTER

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

SUBJECT: House of Prayer for all People, Fort Pierce, 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: House of Prayer for all People, Fort Pierce, Inc.

Name (Printed or typed)

707 North 7th Street

Address

Fort Pierce, Florida 34950

City, State & Zip

772-359-9653

Daytime Telephone number

sfluth@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: House of Prayer for all People, Fort Pierce, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
707 North 7th Street Fort Pierce, Fl 34980

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Empower others to teach and Preach the Gospel of Jesus Christ.

To feed the hungry, clothes those who are without clothing to visit the sick and shut in.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Hazel Hoylman, President</u>	Name and Title:	_____
Address	<u>1713 Aneci Street</u>	Address:	_____
	<u>Port St. Lucie, Fl 34983</u>		_____

Name and Title:	<u>Shelia St. Louis, Vice- President</u>	Name and Title:	_____
Address	<u>541 SE Karrigan Ter</u>	Address:	_____
	<u>Port St. Lucie, Fl, 34983</u>		_____

Name and Title:	<u>Dominque Cain, Secretary-Treasure</u>	Name and Title:	_____
Address	<u>1713 SE Aneci Street</u>	Address:	_____
	<u>Port St. Lucie, 34983</u>		_____

16 FEB - 1 AM 11:50

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: Dominque Cain
Address: 1713 Aneci Street
Port St. Lucie, Fl 34983

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Shelia St. Louis
Address: 541 SE Karrigan Ter
Port St. Lucie, Fl 34983

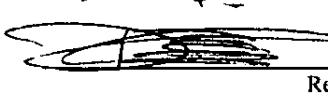
ARTICLE VIII EFFECTIVE DATE: 1-24-2016

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.)

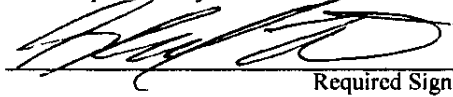
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 Dominique Cain
Required Signature of Registered Agent

1-24-16
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

1-24-2016
Date