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C LEWIS

COVER LETTER

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

SUBJECT: Plud	er House Minist	ries of Central F	-logida Inc.
· · · · · ·	(PROPOSED CORP	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)
Enclosed is an original a	and one (1) copy of the Ar	ticles 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 REQUIR	
		<u> </u>	·
FROM:	L. DEShon PA	Herson me (Printed or typed)	-

Daytime Telephone number

Shopp 72 Daysil.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

•			OF INCORPO			
ADTICLE	3/4345	In compliance with	Chapter 017, r.s.,	(Not for Profit)		SECRETARY OF STAFE DIVISELY OF SCREDE ATIONS
The name of t	<u>NAME</u> he corporation shall be:	Power Hou	use Ministrie	s of central 1	Florida.	Tree OF CORPORATIONS
<u>ARTICLE II</u>	PRINCIPAL OFFICE			Ø		DIVISIENT OF STAFE OF
	Principal street addre			Mailing address,		
<u> </u>	wee House Min	is tries of Central	Fl. Inc.			
	9 Hayman St.	•				
<u>ja</u>	Itamonte Sprin	ys F1, 327)o/			
ARTICLE III	PURPOSE For which the corporation in				•	
Enlighten	individuals spiritually	. To tEACH +	Educate inc	lividuals on a	spiritual	+ moral
level. To	l Also orgnize to	help people i	n the comm	nunity!ie re	building	their lives through
Biblical C	ounseling + comm	unity service	programs,	This organize	Him is d	esign + 2 Be
A IFE	Changer For reop	le who co	nnet with	usas one i	Body In	Christ.
					,	
ARTICLE IV	MANNER OF ELEC	TION The manner	in which the directo	rs are elected and ann	oointed: Pe	schurial
	ment.					
ARTICLE V	INITIAL OFFICERS	<u>AND/OR DIRECTO</u>	<u>PRS</u>			
Name and Tit	le: L. Deshon Patte	ERSON (PASTOR)	Riame and rite:		<u> </u>	
Address	319 HAYMAN S	<u> </u>	Address:			
	Altamonte Spri		_			
						
Name and Tit	lc: Laternie Patte	ZSOn (TREASURE)	Name and Title			i. uni
Address	319 Hayman ST		Address:			
	Altamontespr	ngs, F1. 32701				
			_			
Name and Tit	le: liesula Siage/ton	(Socretary)	Name and Title:	·		
Address	1460 HEBER Clea	/	Address:			
	08/Ando, Fl. 328	11	_			-

Name and Title:_		Name and Title:	
Address _		Address:	
<u>-</u>			
Name and Title:_		Name and Title:	
Address _		Address:	·
-		-	
-			
	<i>REGISTERED AGENT</i> lorida street address (P.O. Box NO T ac	centable) of the registered agent is:	
inc inite and I	_		<u> </u>
Name:	L. DEShon PAtterson (A	eastee)	16. VIEW
Address:	319 Hayman ST		
	Altamonte Springs Fl. 32	2701	12 1
ARTICI E VII	<u>INCORPORATOR</u>		
	Idress of the Incorporator is:		: 対抗 公 お作
Name:	L. DEShon Patterson (PASTUR)	3
Address:	314 Hayman ST.		
	Altamonte Springs Fi	. 3270 <u>1</u>	
Effective date, if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific	of /16 . (OPTIONAL) and cannot be more than five business	days prior or 90 business days
	inserted in this block does not meet the tive date on the Department of State's re	applicable statutory filing requirements, ecords.	this date will not be listed as the
Having been nan certificate, I am f	ned as registered agent to accept servic amiliar with and accept the appointmen	ee of process for the above stated corpo t as registered agent and agree to act in t	ration at the place designated in this this capacity
			2/5/16 Date
	required Signature of Register	ed Agent	Date
	ument and affirm that the facts stated he t of State constitutes a third degree felor	erein are true. I am aware that any false ny as provided for in s.817,155, F.S.	information submitted in a document
_	240		2/5/11
	Required Signature of Inc	orporator	Date