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(Re	equestor's Name)	
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PICK-UP	<b> W</b> AIT	MAIL
<b>(B</b> u	isiness Entity Nar	ne)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SEGRETARY OF STATE DIVISION OF CORPORATIONS



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 17, 2016

SUDAAN CARTER 506 S.E. 16TH STREET FT LAUDERDALE, FL 33016

SUBJECT: RHEMA OUTREACH MINISTRIES

Ref. Number: W16000020222

We have received your document for RHEMA OUTREACH MINISTRIES and your check(s) totaling \$70.00. 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.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 216A00005580

## **COVER LETTER**

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

Rhema outreach ministries inc. document # W160000 2022 (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

rhema outreach ministries

Name (Printed or typed)

506 s.e 16 th street

Address

Ft.lauderdale.fl 33316

City, State & Zip

510-698-2649

Daytime Telephone number

rhemaoutreachministries5@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 1 The name of	the corporation shall be: Rhema Outro	each minis	tries INC.	
<u>ARTICLE I</u>				
50	Principal <u>street</u> address: 6 S.E 16 th street	p.c	Mailing address, if different is: 350394	
Fo	ort lauderdale,fl 33316	Ft	lauderdale,fl 33335	
ARTICLE I	III PURPOSE for which the corporation is organized is: rh	ema outre	ach ministries is a minist	iry
	ve teach and preach and prov			
ARTICLE I	<del></del>	nanner in which the	e directors are elected and appointed: by	the vote
ARTICLE	v INITIAL OFFICERS AND/OR DI		Lanita mcGee	
Address	506 s.e 16 th street	_ Name and Title _ Address:	5965 N Turtle Creek Dr	
Address	fort lauderdale fl 33316	_ Address.	Fairfield, OH 45014	
	(President)	_	(Secretary)	
Name and Ti	tamekia Washington	- Name and Title	Tuneisha Gentry	
Address	2627 chateau LN apt B	_ Address:	27133 belvedere court apt 3	
	Tallahassee,Fl 32311	-	Hayward,ca 94544	
	(Treasure)	_	(Vice President)	16 SIVID
Name and Ti	itle:	Name and Title	;	MAR
Address		_ Address:		of co
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Name and Title:	: Name and Title:
Address	Address:
-	
Name and Title:	: Name and Title:
.ddress _	Address:
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ARTICLE VI	REGISTERED AGENT
The <u>name and F</u> Name:	Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Sudaan carter
Address:	506 s.e 16 th street
	Fort lauderdale ,fl 33316
ARTICLE VII	
The <u>name and a</u>	address of the Incorporator is:
Name:	sudaan Carter
Address:	506 S.e 16 th street
	Fort lauderdale fl 33316
Having been na certificate, I am	amed as registered agent to accept service of process for the above stated corporation at the place designated in this familiar with and accept the appointment as registered agent and agree to act in this capacity
Suda	3-21/16
Num.	Required Signature of Registered Agent Date
	cument and affirm that the facts stated herein are true. I am aware that any false information submitted in a document ent of State constitutes a third degree felony as provided for in s.817.155, F.S.
Sulan	3/21/16
~ man	Required Signature of Incorporator Date

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