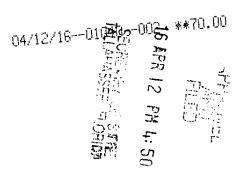
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COVER LETTER

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

SUBJECT: DIVIN-C	Miracles	International	Ministries	Inc
(PR	OPOSED CORPORATE N	AME - <u>MUST INCLUDE SUFFIX</u>)		

\$70.00	3 \$78.75	□\$78.75	\$87.50
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,
	Certificate of	& Certified Copy	Certified Co
Status	Status]	& Certificat

FROM: Diana Lewis
Near (Printed or typed)
Address

Jacksonville, Fl 32209
City, State & Zip

904 525-5067
Daytime Telephone number

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

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

I Dignalewis, President of Divine Miraules International Ministry Incorporated do not intend to re-instate and hereby release the name for future use.

Diana Lewis April 12,2016 N13000010346



ARTICLES OF INCORPORATION

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

The name of the corporation shall be: Divine Miracul International Ministrie Inc.
ARTICLE II PRINCIPAL OFFICE
Principal <u>street</u> address: 2139 Phoenix Aul P.OBOX 11024 32239 Cacksonville, Fl, 32209 Cacksonville florida
ARTICLE III PURPOSE The purpose for which the corporation is organized is: MINISTRY For all that Spread
the gospel, provide community outreach services
for children and families. Adolfronal sovices are
summer camp, after school programs, and academic
learning school for all ages and more.
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As provided for in the by-laws.
ARTICLE V INCA is OFFICE SAND/OR DIRECTORS
Name and Title: Dlana Lewis (President) ame and Title: Deannia Hester (Vice President)
Address 2139 Procenix Aul Address: 1544 Dalewood Street
Jacksonvill, Fl 32209 Jacksonville, Fl, 32211
Name and Title: Poberta Lewis (Secretary) ame and Title: Karen Brown (Treasurer)
Jackypoville fl 32277 Jackypoville fl 32277
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Name and Title: Name and Title: 57 TO 15
Address Address:

Name and Title:	Name and Title:	
Address	Address:	
Name and Title:	Name and Title:	
Address	Address:	
	<u> </u>	
ARTICLE VI REGISTERED AGE!	<u>VT</u> P.O. Box NOT acceptable) of the registered agent is:	
Name: Diana (-		
0 ,0 ,0	DOENIX Avenue	
1	11c fl 32209	▲
Journal of Marie	110 41 00000	TALL SEC
ARTICLE VII INCORPORATOR The name and address of the Incorporat	toris: Apastie Diana Lewis	TO R
Name:	toris:	第6· 12
•	uncenia Avenue	
CLUKAN	uncenix Avenue unle 11 32209	50 · 50
CHOIL OH REELONG DAME	1	
blanche on a if other than the date of I	filing: US US (ONTHONAL)	
ati $\langle r \rangle$ the filling.)	must be specific and cannot be more than five business	aays prior or 90 business days
Note: If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutory filing requirements, tment of State's records.	this date will not be listed as the
Having been named as registered ager certificates am familiar with and afcer	nt to accept service of process for the above stated corport the appointment as registered agent and agree to act in	pration at the place designated in this
Diama (a)		04/12/16
Required Sig	gnature of Registered Agent	Date
	the facts stated herein are true. I am aware that any false third degree felony as provided for in s.817.155, F.S.	information submitted in a document
11:		04/12/16
Require	d Signature of Incorporator	Date