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I JAMES DAVID MARTIN HAVE NO INTERTION OF REINSTATING THE JAMES DAVID MARTIN MINISTRICS, LCC. DOC # LISOOD 193208

James D. M artil

COVER LETTER

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

PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) SUBJECT: JAMES

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

\$87.50

& Certified Copy

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: JAMES DAVID MARTIN
Name (Printed or typed)

LAUDERHALL, FL 33311 City, State & Zip

(954) 242-9369 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.

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

The name of the corporation shall be: TAMES DAVE	D MARTIN MINISTRIES, IM.
ARTICLE II PRINCIPAL OFFICE	
Principal street address:	Mailing address, if different is:
513 SCRIVEN AVE, SW	P. O. Box 14861
LIVE OAK, FLURIDA 32064	FT. LAUDERDALE, FL 33302
	LIGIOUS BIBLICUL CENTERED
WORSHIP SERVICES, BIBLE ST	UDY, PRAYER MEETIZES AND
CHRISTIAN EDUCATION	
ARTICLE IV MANNER OF ELECTION The manner in w	hich the directors are elected and appointed: BY LEADER -
SHIP APPOINTMENT AND UBTE	BY BOARD OF DIRECTORS
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	,
ANTICLE THE DITTIELS AND ON DIRECTORS	ARRIET MARTI. (D)
Name and Title: JAMES A MARTIN (PD) Nar	ne and Title: CARRIE J. MARTIL (D)
Address 3262 v. w. 1557 RZET Add	dress: 7/1/5/14/8 14/5/18/16 19:50
LAUDERHILLY FL 33311	LORTH LAUPERDALEDO
	FLURIDA 33068 BH 5
Name and Title: EUGENE E. MARTINUP) Nar	ne and Title:
Address 386 S. W. TIMBER Add	dress:
RIDGE DR.	
LAKE CITY, FL 32024	
Name and Title: JOAN WHITE (D) Nar	
Address 3010 N. 23RD AUE. Add	dress:
HULLY WOOD, FL 33020	

Name and Title:		Name and Title:				
Address		Address:				
Name and Title:		Name and Title:		-		
Address						
The name and I	REGISTERED AGENT Florida street address (P.O. Box NOT a	·	is:	•		
Name:	JAMES P. MARTI					
Address:	3262 N.W. 15 It					
	INCORPORATOR address of the Incorporator is:			SECRE	16 MAY	
Name:	JAMES D. MARTI	1	r t		-2	
Address:	3262 n.w. 15th	STREET		\mathbb{D}_{ω}	PH	C)
	LAUDERHILL, FL 3	3311	,		1:50	
Effective date, it	EFFECTIVE DATE: f other than the date of filing:			ousiness	days	
	e inserted in this block does not meet the ctive date on the Department of State's		rements, this date will not be	e listed a	s the	
	imed as registered agent to accept serv familiar with and accept the appointme			designat	'ed in t	his
James	Required Signature of Register		05/02/2	016	_	
I submit this doc	Required Signature of Registo cument and affirm that the facts stated i nt of State constitutes a third degree felo	herein are true. I am aware that a	ny false information submit			ent
James	Required Signature of Ir	ncorporator	05/02/02/Date	, <u>Zol6</u>	_	