

W1600004725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

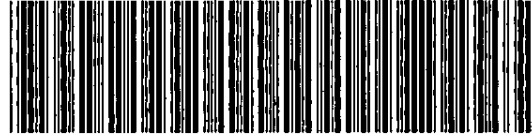
Special Instructions to Filing Officer:

Office Use Only

W1600004725

MAY 10 2016

T. SCOTT



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03/18/16--60063--024 **76.58

16 MAY -9 AM 9:50
DIVISION OF CORPORATIONS
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 5, 2016

MELINDA M WILSON
8874 IVYMILL PLACE NORTH
JACKSONVILLE, FL 32244

SUBJECT: TRUE VINE DELIVERENCE AND HEALING MINISTRY, INC.
Ref. Number: W16000025166

We have received your document for TRUE VINE DELIVERENCE AND HEALING MINISTRY, INC. and your check(s) totaling \$76.58. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<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: 516A00006956

16 MAY -9 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

COVER LETTER

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

SUBJECT: True Vine Deliverance and Healing Ministry, 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: Medlina M. Wilson

Name (Printed or typed)

8874 Ivy Mill Place North

Address

Jacksonville, FL 32244

City, State & Zip

904-888-4888 or 904-442-4410

Daytime Telephone number

medlina.wilson@aol.com

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

RECEIVED
16 MAR 18 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: True Vine Deliverance and Healing Ministry, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
8874 Ivymill Place North

Jacksonville, Fl 32244

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To operate exclusively for religious, educational and distinct ecclesiastical
purposes. To conduct a local church by the direction of the Lord Jesus Christ and under the leadership of the Holy Spirit.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed; Pastor and Board

The method as of elections of directors is as stated in the by-laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Medlina M. Wilson President

Name and Title: _____

Address 8874 Ivymill Place North
Jacksonville, Fl 32244

Address: _____

Name and Title: Clarence A. Wilson Vice-President

Name and Title: _____

Address 8874 Ivymill Place North
Jacksonville, Fl 32244

Address: _____

Name and Title: Emilia Cruz - Secretary

Name and Title: _____

Address 8874 Ivymill Place North
Jacksonville, Fl 32244

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAY - 9 AM 9:50

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: Medlina M. Wilson

Address: 8874 Ivymill Pl N

Jacksonville, Fl 32244

ARTICLE VII INCORPORATOR

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

Name: Medlina M. Wilson

Address: 8874 Ivymill Pl N

Jacksonville, Fl 32244

ARTICLE VIII EFFECTIVE DATE:

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

Medlina M. Wilson
Required Signature of Registered Agent

03/08/2016

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.

Medlina M. Wilson
Required Signature of Incorporator

03/08/2016

Date