

N160000004769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

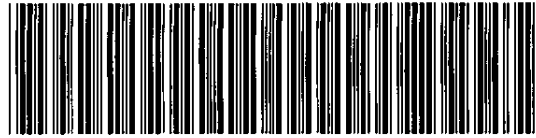
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
16 MAY 11 PM 4:16

SECTION OF STATE
TALLAHASSEE, FLORIDA

16 MAY 11 PM 4:26

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: COMMUNITY OF HEARTS OUTREACH 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: Philemon Rosier
Name (Printed or typed)

P O Box 1452
Address

Woodville, FL 32362
City, State & Zip

850 459-0414
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)

ARTICLE I NAME

The name of the corporation shall be: Community of Hearts Outreach Ministry INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
81 HIGH BLUFF COURT

MIDWAY, FL 32343

Mailing address, if different is:
P O BOX 1452

WOODVILLE, FL 32362

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To reach out to all people to share love and hope in and to restore faith in the broken hearted

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Directors are appointed by FOUNDER PASTOR Philemon Rosier

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Philemon Rosier (ELDER) Name and Title: Corvella Rosier (Evangelist)

Address: P O BOX 1452 Address: P O Box 1452
WOODVILLE, FL 32362 Woodville, FL 32362

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAY 11 PM 4:27

APPROVED
AND
FILED

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

 Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

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AND
FILED

16 MAY 11 PM 4:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ELDER PHILEMON ROSIER
 Address: 81 HIGH BLUFF COURT
MIDWAY, FL 32343

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ELDER PHILEMON ROSIER
 Address: P O BOX 1452
WOODVILLE, FL 32362

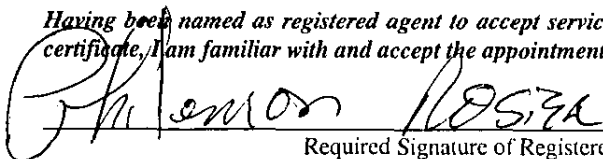
ARTICLE VIII EFFECTIVE DATE:

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


 Required Signature of Registered Agent

5-11-2016
 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.


 Required Signature of Incorporator

5-11-2016
 Date