

N 16000000536A

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

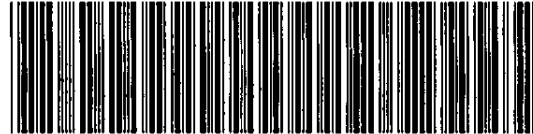
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FL 32304

16 MAY 20 PM 5:21

FILED

COVER LETTER

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

SUBJECT: Shekinah Healing & Revival Ministries, 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: Dean J. Prisco
Name (Printed or typed)

9102 Williams Rd
Address

Seffner FL 33509
City, State & Zip

561-358-4864
Daytime Telephone number

pastor_prisco@yahoo.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 I NAME

The name of the corporation shall be: Shekinah Healing & Revival Ministries, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:
9102 Williams Rd

Seffner FL 33509

Mailing address, if different is:
P.O. Box 4183

Brandon FL 33509

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
to operate a Ministry / Evangelistic Outreach program.

The Corporation is organized exclusively for charitable, religious, educational and scientific purposes,
including for such purposes, the making of distributions to organizations that qualify as an exempt
organization under section 501(c)(3) of the Internal Revenue Code, or the corresponding section
of any future federal tax code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____
As set forth in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Dean J. Prisco, President</u>	Name and Title:	<u>Degrando Franks Jr, Director</u>
Address	<u>9102 Williams Rd</u>	Address:	<u>2023 Chelam Way</u>
	<u>Seffner FL 33509</u>		<u>Brandon FL 33511</u>

Name and Title:	<u>Linda S. Mole, Treasurer</u>	Name and Title:	<u>Bryan Murray, Director</u>
Address	<u>9102 Williams Rd</u>	Address:	<u>1661 Overlook Rd</u>
	<u>Seffner FL 33509</u>		<u>Longwood FL 32750</u>

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

FILED
16 MAY 20 PM 5:21

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: Dean J. Prisco

Address: 9102 Williams Rd
Seffner FL 33509

ARTICLE VII INCORPORATOR

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

Name: Dean J. Prisco

Address: 9102 Williams Rd
Seffner FL 33509

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

Dean J. Prisco

Required Signature of Registered Agent

05/17/16

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.

Dean J. Prisco

Required Signature of Incorporator

05/17/16

Date