NIE WOODOUSZ8

(Re	equestor's Name)				
(100	rquestoi s (taille)				
(AC	ldress)				
(Address)					
(Ci	ty/State/Zip/Phon	e #)			
☐ PICK-UP	☐ WAIT	MAIL			
<u></u>		_			
(Bu	isiness Entity Nar	ne)			
	<u>.</u>				
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
		\			
		N			
		``			
 					



900286034229

06/09/16--01029--009 **87.50

16 JUN 28 AH 8: 05
SECRETARY OF STATE
SECRETARY OF STATE

Office Use Only

COVER LETTER

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

SUBJECT: CHILDREN	'S TEMPLE MINISTRY CORP	•			
SUBJECT:	(PROPOSED CORPO	RATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)		
Enclosed is an original a	and one (1) copy of the Arti	cles of Incorporation and	a check for :		
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	& Certificate		
FROM:	PHANOMY PIERRE PIONEE	ADDITIONAL CO	. REQUIRED		
	699 TIMBER TRACE LANE, APT. 206 Address				
	-				

(727) 831-0604

Children Temple Ministry@gmail.com

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

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

Daytime Telephone number



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 15, 2016

PHANOMY PIERRE PIONEER 699 TIMBER TRACE LANE, APT. 206 TITUSVILLE, FL 32780

SUBJECT: CHILDERN'S TEMPLE MINISTRY CORP.

Ref. Number: W16000043163

We have received your document for CHILDERN'S TEMPLE MINISTRY CORP. and your check(s) totaling \$87.50. 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.

Please return 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.

Neysa Culligan Regulatory Specialist II

Letter Number: 616A00012520

www.sunbiz.org

DO DOV GOOD M 11 1

ARTICLES OF INCORPORATION

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

ARTICLE I NAME CHILDREN'S TEMPLE MINISTRY CORP. The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Mailing adiffers, if differ Principal street address: 699 TIMBER TRACE LANE, APT. 206 **TITUSVILLE, FLORIDA 32780** ARTICLE III PURPOSE Please, refer to the attached page for the specific purposes for which this The purpose for which the corporation is organized is: organization is organized, what we intend to accomplish, how will we achieve our objectives, and how will the community and the public at large benefit from our accomplishments. **AUTONOMOUSLY** MANNER OF ELECTION The manner in which the directors are elected and appointed: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS CHRISMA JOSEPH PHANOMY PIERRE PIONEER Name and Title: Name and Title: 699 TIMBER TRACE LANE, APT. 206 CABARET, HAITI Address Address: **TITUSVILLE, FLORIDA 32780** DIRECTOR **PRESIDENT MIRSON LAURORE CLEMENT JEAN TOUSSAINT** Name and Title: Name and Title CABARET, HAITI CABARET, HAITI Address Address: VICE PRESIDENT DIRECTOR Name and Title:__PETIEL BALTAZAR LICKENSON IZIDOR Name and Title: CABARET, HAITI CABARET, HAITI Address _ Address:

DIRECTOR

SECRETARY

Attached page of Article III

The Children Temple Ministry, minister around the globe to teach the gospel. We provide christian teaching in poor nations such as Haiti. Our mission consist of building churches, orphanages, homes, schools, and healthcare clinics to reduce crimes and poverty, to improve health and education and improve the livelihood of children in the developing world.

Our services provide, shelter, clothing, clean water, food and nutrition to children who are most in need. We provide sanitary care, hygienic care, and health care to promote and maintain healthy communities. We provide schooling and different types of trade, including books, school supplies, tools, and equipments to those who are unable to afford them. We provide entertainments and other recreational activities on weekends and holidays to amuse children. And more importantly, we administer biblical knowledge to children, teach them moral values and disciplines and learn to love one another like Jesus says. We protect and fend for neglected and abused children, especially orphans. We fight against obnoxious crimes being committed against these innocent children that render their lives to be endangered and miserable.

As a result of our essential services, we help to educate, protect and rescue innocent children being abused and neglected against all odds. Our services provide humanitarian aid that help fight hunger, homelessness, and combat other types of object poverty. Our services promote economic growth in order to have a more decent living condition. Our services provide human rights to deserving children that secure life, liberty and the pursuit of their happiness.

Name and Title	ROSENA SAINT FORT	Name and Title	RODRICKSON LOUIS			
Address	CABARET, HAITI	Address:	CABARET, HAITI			
	DELEGATE		CHAIRMAN			
Name and Title	EMMANUELA JOSEPH	Name and Title	NAHOMIE PIONEER			
Address	CABARET, HAITI	Address:	699 TIMBER TRACE LANE, APT 206			
	COORDINATOR		TITUSVILLE, FLORIDA 32780			
	I		TRESURER			
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acce	ntable) of the rec	istered agent is:			
Name:	PHANOMY PIERRE PION	_	A K	, S		
Address:	699 TIMBER TRACE LANE, APT. 206		5			
Address.	TITUSVILLE, FLORIDA 32780		SS m	28		
			الله الله الله الله الله الله الله الله	2 00		
	INCORPORATOR address of the Incorporator is:		EE FLORIO	8. 05		
	PHANOMY PIERRE PION	IEER	₽,			
Name:	699 TIMBER TRACE LANE, APT. 2					
Address:	TITUSVILLE, FLORIDA	32780				
Effective date,	if other than the date of filing: N/A		(OPTIONAL)			
(If an effective after the filing	e date is listed, the date must be specific an g.)	d cannot be mo	re than five business days prior or 90 l	ousiness days		
	ate inserted in this block does not meet the ap fective date on the Department of State's reco		y filing requirements, this date will not be	e listed as the		
	named as registered agent to accept service in familiar with and accept the appointment a			designated in this		
Clase on		06/24/2016				
	Required Signature of Registered	Agent	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.						
		06/24/20	16			
Jour	Required Signature of Incor	porator	Date			