

N1600008049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

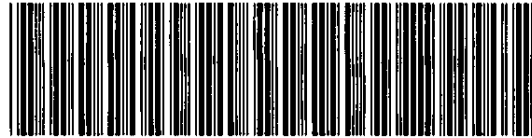
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700287670057

07/08/16--01015--006 **87.50

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG -4 PM 4:42



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 19, 2016

DAVE BELL
2925 NW 56 AVENUE, #A2
LAUDER HILL, FL 33313

SUBJECT: SECOND CHANCE HEALING AND DELIVERANCE APOSTOLIC
MINISRTY INT
Ref. Number: W16000049949

We have received your document for SECOND CHANCE HEALING AND DELIVERANCE APOSTOLIC MINISRTY INT and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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.

Matthew T Moon
Regulatory Specialist II

Letter Number: 816A00015089

RECEIVED

16 AUG -4 AM 10:25

LAUDER HILL

16 AUG -4 PM 4:42

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: SECOND CHANCE HEALING AND DELIVERANCE
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
APOSTOLIC MINISTRY INT INC.

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: DAVE BELL
Name (Printed or typed)

2925 NW 56 AVENUE # A2
Address

LAUDER HILL FL 33313
City, State & Zip

784-779-1334
Daytime Telephone number

SOUTHERN TOURS @ YAHOO.COM
E-mail address: (to be used for future annual report notification)

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG -14 PM 4:43

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

ARTICLE I NAME

The name of the corporation shall be: SECOND CHANCE HEALING AND DELIVERANCE
APOSTOLIC MINISTRY INT. INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

2925 NW 56 AVE HA 2

LAUDER HILL

FL 33313

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ORGANIZED EXCLUSIVELY FOR
CHARITABLE, EDUCATIONAL PURPOSES, MORE SPECIFICALLY
TO AID THE POOR AND NEEDY, DISADVANTAGED INDIVIDUALS
TOWARDS A LIFE OF SELF-SUFFICIENCY, HOMELESS, REFUGEES
PRISONERS CHILDREN LEFT ABANDONED IN THE STREETS
SUBSTANCE ABUSE, CLOTHING, JOB TRAINING, ETC. OUTREACH
ADVOCACY AND PROGRAMS FOR SPIRITUAL ENRICHMENT, TO TEACH
THE GOSPEL ACCORDANCE TO THE HOLY BIBLE AND TEACHING OF JESUS CHRIST

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

THE NUMBER OF PERSONS CONSTITUTING THE BOARD SHALL BE FIXED
BY THE BYLAWS TO BE ADOPTED AT THE FIRST MEETING OF THE BOARD

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVE BELL Name and Title: _____

Address: 2925 NW 56 AVENUE Address: _____

LAUDER HILL

FL 33313

Name and Title: EURENA PHILLIPS Name and Title: _____

Address: 4881 GRIFFIN ROAD Address: _____

DAVIE

FL 33314

Name and Title: ROYNAL HOUSTON Name and Title: _____

Address: 4199 LAKE SIDE DR Address: _____

TAMARAC

FL 33319

16 AUG - 4 PM 4:43

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: DAVE BELL
Address: 2925 NW 56 AVENUE
LAUDER HILL, FL. 33313

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 AUG - 4 PM 4:43

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EURENA PHILLIPS
Address: 4881 GRIFFIN ROAD
DAVIE FL 33314

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

Dave Bell
Required Signature of Registered Agent

07-02-2016
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.

Eurena Phillips
EURENA PHILLIPS
Required Signature of Incorporator

07-02-2016
Date