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## **COVER LETTER**

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

SUBJECT: Blessed To E	Be A Blessing Ministries (BBM	), INC.		
	(PROPOSED CORPO	DRATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)	
Enclosed is an original a	and one (1) copy of the Art	icles of Incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate  OPY REQUIRED	
			·	
FROM:	Wilio Denis		_	
	Name (Printed or typed)			
	3841 Rollinsford Circle			
		Address	-	
	Lakeland, Florida 33810			
	City, State & Zip			
	863 8776577			

wiliod@yahoo.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

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

<i>ARTICLE I</i> The name of t	NAME he corporation shall be:	A Blessing Ministries	INC	(2)	_≚.
ARTICLE II	PRINCIPAL OFFICE			- E	
				130	e e e e e e e e e e e e e e e e e e e
2041	Principal street address:		Mailing address, if different is:		اند از
3841	Rollingsford Circle				- 1 - N - N - N - N - N - N - N - N - N
Lake	eland, Florida 33810			<u> </u>	70
				<u> </u>	
				ഗ	
ARTICLE III		To spread the Gospe	l and support needy people in Haiti and b	peyond.	
The purpose f	or which the corporation is organized	is:			
<del></del>				<del></del>	<del></del>
		<u> </u>			
	- <del></del>			<u>.</u>	
·····		• • • •			
ARTICLE V  Name and Tit	Wilio Denis President	IRECTORS  Name and Title	Marie Lourdes Denis, Secretary	_	
Address	3841 Rollinford Circle	Address:	3841 Rollingsford Circle	_	
	Lakeland, Florida 33810		Lakeland, Florida 33810	_	
Name and Tit	Widelie Chery, Treasurer	Name and Title	e:	_	
Address	3201 Beach Village Circle	Address:	··	_	
Address	Palm Coast, Florida 32137	Address.		-	
		<del></del>		-	
N.T. S. T.	<del>- · · · · · · · · · · · · · · · · · · ·</del>			_	
Name and 11t		NT 1 (Tr'.1			
	le:	Name and Title	9:	_	
Address	le:			-	
Address			3:	<b>-</b> -	
Address			»	-	

Name and Title:	Name	and Title:	_
Address _	Addres	ss:	
-			<del>-</del>
Name and Title:	Name	and Title:	_
Address _	Addres	ss:	
-			— —
ARTICLE VI	REGISTERED AGENT		\$1.5 V.S.
	lorida street address (P.O. Box NOT acceptable) o	f the registered agent is:	S <sup>9</sup> 8
Name:	Dieujuste Orelien		
Address:	929 Gilmore Avenue	-	
	Lakeland, Florida 33801	_	2:11
ARTICLE VII The name and a	INCORPORATOR ddress of the Incorporator is:		<b>01</b>
	Wilio Denis		
Name: Address:	3841 Rollingsford Circle	_	
	Lakeland, Florida 33810	-	
ARTICLE VIII Effective date, is (If an effective after the filing.	FEFFECTIVE DATE: 10/08/2016 other than the date of filing: 10/08/2016 date is listed, the date must be specific and cannot be specifically and cannot be specific and cannot be specific and cannot be specific and cannot be specific and cannot be specifi	(OPTIONAL) of be more than five business days prior or 96	) business days
	e inserted in this block does not meet the applicable ctive date on the Department of State's records.	statutory filing requirements, this date will not	be listed as the
certificate, I am	med as registered agent to accept service of proce familiar with and accept the appointment as registe	ered agent and agree to act in this capacity	e designated in this
Deluguste Di Required Signature of Registered		iew 10/08/20	)16
	Required Signature of Registered Agent	Date	;
	cument and affirm that the facts stated herein are to nt of State constitutes after degree felony as provi		nitted in a document
	All the	10/08/20	016
	Required Signature of Incorporator	Dat	e