

N1600001/400

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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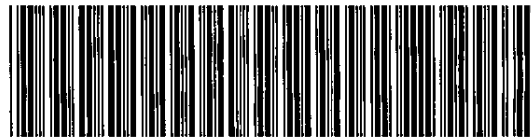
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

V HERRING
NOV 30 2016

COVER LETTER

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

SUBJECT: Enduring Words, 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: Timothy M. Stafford, PhD
Name (Printed or typed)

34346 Tuscany Avenue

Address

Sorrento, FL 32776

City, State & Zip

321-202-8820

Daytime Telephone number

tmstafford@ruinstitute.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: Enduring Words, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address:

34346 Tuscany Avenue

Sorrento, FL 32776

Mailing address, if different is:

PO Box 501

Sorrento, FL 32776

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To purchase and distribute Bibles, Bible study materials and
Biblical teaching materials to adults and children in struggling areas around the globe.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

By majority vote of the Board of Directors with final appointment approval required by the business advisor.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa P. Lee, Executive Director/Chair Name and Title: _____

Address 444 Silverstone Drive Address: _____

Jonesboro, AR 72404

Name and Title: Timothy M. Stafford, PhD, Director/Vice Chair Name and Title: _____

Address 34346 Tuscany Avenue Address: _____

Sorrento, FL 32776

Name and Title: Craig A. Lee, Board Member, Business Advisor Name and Title: _____

Address 444 Silverstone Drive Address: _____

Jonesboro, AR 72404

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Timothy M. Stafford, PhD

Address: 34346 Tuscany Avenue

Sorrento, FL 32776

ARTICLE VII INCORPORATOR

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

Name: Timothy M. Stafford, PhD

Address: 34346 Tuscany Avenue

Sorrento, FL 32776

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 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

November 5, 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

November 5, 2016

Date