11/7/25/20239

(Requestor's Name)
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:





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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 23, 2016

DR. KEVIN N. WILLIAMS 18901 NW 11TH COURT MIAMI, FL 33169

SUBJECT: KINGDOM DOMINION INTERNATIONAL FELLOWSHIP OF

PASTORS AND

Ref. Number: W16000078841

We have received your document for KINGDOM DOMINION INTERNATIONAL FELLOWSHIP OF PASTORS AND and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that the name in the articles is incomplete. Please provide the whole name of the not for profit corporation.

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: 416A00025142

COVER LETTER

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

l is an original	and one (1) copy of the Artic	cles 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	
		PY REQUIRED		
Lette	er Number: 416A	00025142		
FROM:	DR. KEVIN N. WILLIAMS			
	Nam	-		
	18901 NW 11TH COURT			
		-	9 []]	
	MIAMI, FL 33169			0EC 27
	City, State & Zip		-	<u> </u>
	754-263-3161			
	734-263-3161			6: 1:7

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

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

ARTICLES OF INCORPORATION

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

ARTICLE II	PRINCIPAL OFFICE				
Principal <u>street</u> address: 502 N 28TH AVENUE		Mailing address, if different is: P.O. BOX 173285			
HOL	LYWOOD, FL 33020	HIALEAH, FL 33017			
as the inspired	record of God's revelatory actions in human	history as as the	·	and practi	ice.
-	also has adopted the following covenents as		· · · · · · · · · · · · · · · · · · ·		
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snall indicate v	ways in which our faith and life may be broug	gnt into closer ac	cord with the teaching of the scripti	ıre.	
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ARTICLE V Name and Title	initial officers and/or directors: Dr. Kevin N. Williams, Bishop, President, 18901 NW 11 COURT MIAMI, FL 33169 Letitia Y. Butler, Executive Secretary, Course:	Name and Title Address:	Niko Williams, Vice President 18901 NW 11 COURT MIAMI, FL 33169 Clarence Stephenson, Tresurer.	16 0EC 27 AN	SECTIVE OF IMAGES
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ARTICLE V Name and Title Address Name and Title Address	Dr. Kevin N. Williams, Bishop, President, 18901 NW 11 COURT MIAMI, FL 33169 Letitia Y. Butler, Executive Secretary, CO P.O. BOX 234 FORT LAUDERDALE, 33302	Name and Title Address: Name and Title Address:	Niko Williams, Vice President 18901 NW 11 COURT MIAMI, FL 33169 Clarence Stephenson, Tresurer. P.O. BOX 173285 Hialeah, FL 33017	16 0EC 27 AN	SECTIVE OF IMAGES
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Name and Title	1/A	Name and Titl	e: <u>N</u> A		
Address		Address:			
Name and Title	:: N/A	Name and Titl Address:	e: <u>N</u>]A		
ARTICLE VI The name and Name:	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT a Letitia Butler	cceptable) of the re	gistered agent is:		Ã.
Address:	912 NW 2ND STR	 		6 D EC 2	
The name and Name:	INCORPORATOR address of the Incorporator is: Dr. Kevin N. Willia 18901 NW 11TH COUR			AN 8: 47	
Address:	Miami, FL 3316	· · ·			
Effective date,	I EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific.)	c and cannot be m	(OPTIONAL) ore than five business days	s prior or 90 bus	iness d
	te inserted in this block does not meet the ective date on the Department of State's		ry filing requirements, this o	late will not be lis	sted as t
	amed as registered agent to accept serv familiar with and accept the appointme				signatea
Xel	Dig Halley Required Signature of Registe	ered Agent	4	2 -16 -16 Date	>
	ocument and affirm that the facts stated l ent of State constitutes a third degree felo			mation submitted	in a do