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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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04/07/17--01013--003 **70.00

TALLAHASSEE FLORIDA

no 4/2/10

COVER LETTER

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

SUBJECT:	ALLE	La FEACH	Nistries -				
	(PROPOSED CORPOR	RATE NAME – <u>MUST IN</u>	CLUDE 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: Michael A. JEAN, SR. Name (Printed or typed) 7003 Starmount DR							
JOOZ STARMOUNT DR. Address VAIRi Co, F1. 335940 City, State & Zip							

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

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

To Whom May CONCERN:

I want document #\$ 16000027696

desolve and the \$70 money order

is to cover the New filing for

ALLE TO REACH Ministries Inc., NON-PROX.

Tim not going to REVoke the Lissillation.

Thank you, Michael Jam



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 11, 2017

MICHAEL A JEAN, SR 3003 STARMOUN DR VALRICO, FL 33576

SUBJECT: ABLE TO REACH MINISTRIES INC.

Ref. Number: W17000031471

We have received your document for ABLE TO REACH MINISTRIES INC. and your check(s) totaling \$70.00. 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: 617A00007004

ARTICLES OF INCORPORATION

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

name of the corporation sha						
Principal stre			Mailing address, if differ	ent is:		
3003 StA	emount.Dr	·				
VAIRICO,	F1. 33596	e				
TICLE III PURPOSE		.			ماء	
purpose for which the corp	oration is organized i	is: to htlp	to EXCEL IN	a PE	DIE	(
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e and Title:	ELECTORS AT	RECTORS PLES Ame and Title: Address: Name and Title: Address:	E time.	SECRETARY OF STATE	17 APR 20 PM 2:	de la contraction de la contra

Name and Tit	le:	Name and Title:	
Address		Address:	
ARTICLE VI REG	<u>ISTERED AGENT</u> a street address (P.O. Box NOT acceptable) o	f the registered agent is:	
	Michael An JEAN, SR.		
Address:	2003 SHARMOUNT DR. VAIRICO, Fl. 38596	_	
_	VAIRICO, F1. 33596	_	2 9 3
ARTICLE VII INC	<u>ORPORATOR</u>		LAH.
The name and address	s of the Incorporator is:		20 ASS
Name:	Michael A. JEANS	<u>f</u> ,	PA PA
Address:	Michael A. SEANS 3003 SHARMOUNT DR. VAIRICO, F1. 33596	_	2: 56 OAII
	VAIRico, 4.33596	-	•
ARTICLE VIII EFA Effective date, if other (If an effective date i filing.)	FECTIVE DATE: than the date of filing: s listed, the date must be specific and cannot	. (OPTIONAL) ot be more than five days pi	rior or 90 days after the
	rted in this block does not meet the applicable ve date on the Department of State's records.	statutory filing requirements	s, this date will not be listed as
Having been named a this certificate, I am fo	s registered agent to accept service of process miliar with and accept the appointment as rej	s for the above stated corpor gistered agent and agree to a	ation at the place designated in ct in this capacity
- Mich	Required Signature/Registered Agent	 -	4-1-17 Date
I submit this docume	nt and affirm that the facts stated herein are etment of State constitutes a third degree felon	true. I am aware that the fo	
Mu Required S	hada Jam Sk		4-1-17 Date