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AMD AMOUNT

COVER LETTER

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

SUBJECT: DAMIE WORLD WINE MINISTRICE INT INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original a	nd one (1) copy of the Ar	ticles of Incorporation and	a check for:
\$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED

FROM: HALTON DAVIE (

Name (Printed or typed)

2751 SAURISE LAKES DR. E.

Address #209

SUNRISE CI. 33322

City, State & Zip

Daytime Telephone number

NRESOURCE 14 D 9 MAIL. COM

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

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

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

The name of the corporation shall be: DAYIEL WORLD WIDE MINISTRIES FINE.
ARTICLE II PRINCIPAL OFFICE
Principal <u>street</u> address: Mailing address, if different is: 2751 SWRISE LAKES EM
#209 SurRise H. 23322
JUNKISE Pr. 23522
The purpose for which the corporation is organized is: EXCLUSIVELY RELIGIOUS CHARITABLE AND EDUCITARIAL WITHIN THE MEANING OF SECTION 501(C) 3 OF THE INTERNAL CODE REVENUE)
CHARITABLE AND EDUCITAMAC WITHIN THE MEANING
OF SECTION 501(C) 3 OF THE INTERNAL CODE REVENUE
OF 1986
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: HILTON DANIEL Name and Title: ALETTE GEFFRAID Address 2751 SWYRISE Address: 720 NE, 117 8t. LKS DR. E. #209 BYCANE DK
Address 2751 SwyRisE Address: 720 NE, 117 8t.
LKS DR. E. #209 BYCAME DK
SuxPise Fl. 33322 Fl. 33161
Name and Title: PATRICIA Smith Name and Title: MICHELLE GUEST
Address 10113 N.W 35th Address: 2831 SuntRus # 312
CORAL SPRINGS LAKES EDR.
Fd. 33065 SMARISE Q.33322
Name and Title: STEVE MCCRAY Name and Title: LOREN GRAHAMON DE
Address 12113 NW 33 St. Address: 5103 YEllow $= 50$
MIAMI SOURISE PINE LAME
Fl. 32323 [AMARGEF1. 33319

Name and Title:_	Name and Title:
Address	Address:
Name and Title:_	Name and Title:
Address	Address:
_	
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	HILTON DANIEL
Address:	2751 Carrier Lakes DRE
Address.	2751 Survice Lakes DRE SUARISE Fl. 33322
	DW41/11 (-1. 1227 F
	<u>INCORPORATOR</u>
The <u>name and ad</u>	dress of the Incorporator is:
Name:	41-12:01 DALIIC
Address:	2751 SunRist Lakes JR. E
	SUNRISE H. 33322
ARTICLE VIII	EFFECTIVE DATE:
Effective date, if	other than the date of filing: (OPTIONAL) ate is listed, the date must be specific and cannot be more than five business days prior or 90 business days
after the filing.)	are is listed, the date must be specific and cannot be more than five business days prior or 70 business days
	inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the live date on the Department of State's records.
	ned as registered agent to accept service of process for the above stated corporation at the place designated in this amiliar with and accept the appointment as registered agent and agree to act in this capacity A
	Required Signature of Registered Agent 1/19/17 Date
I submit this docu	iment and affirm that the facts stated herein are irue. I am aware that any false information submitted in a document
	t of State constitutes a third degree felony as provided for in s.817.155, F.S.
<i>T</i> A	Required Signature of Incorporator Date