N17000007193

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Nan	ne)
,	,	•
(Doc	ument Number)	
\	· · · · · · · · · · · · · · · · · · ·	
Certified Copies	Certificates	of Status
	Continuation	
Special Instructions to F	iling Officer:	
<u> </u>		

Office Use Only



900301129099

07/11/17--01002--013 **87.50

SECRETA RYLOFISTATE.
TRACES OF CORPORATION

17 JUN 11 FM 2: 38

07/11/17

COVER LETTER

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

SUBJECT:	The Flace-Faith Worship And Delivera				
	(PROPOSED CORP	ORATE NAME – <u>MUST IN</u>	CLUDE SUFFIX)		
Enclosed is an original and	d one (1) copy of the Ar	ticles 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 CO	PY REQUIRED		
FROM: _	Samantha Brown Name (Printed or typed)		_		
	3201 E. Gene				
_		_			
	Tampa, Flo	rida 33610			

The Place-Faith Worship And Delivera

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

(813) 812-2860

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

City, State & Zip

Daytime Telephone number

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

Deliverance Certier,
The Place-Faith Worship And Delivera, Inc.

AKTICLE I	I PRINCIPAL OFFICE		
320	Principal <u>street</u> address: 01 E. Genesse Street	Mailing address, if different is:	
Ta	mpa, Florida 33610		
ARTICLE I The purpose	II PURPOSE for which the corporation is organized i	The preaching and teaching of Jesus Christ by every possible means.	
		7	3.5.1 0.3.5
			0.150 0.150
		3	1005 1005 1005 1005
		2: 3	ORATIONS STATE
			- Z
		By the Roard	(
ARTICLE I	1 .	manner in which the directors are elected and appointed:	
Q	appoint ed	manner in which the directors are elected and appointed:	
ARTICLE 1	opointed Initial officers and/or di	RECTORS	
ARTICLE 3	appoint ed	### Mame and Title:	
ARTICLE 1	itle: Samantha Brown (P)	RECTORS	
ARTICLE I Name and T Address	ittle: Samantha Brown (P) 3201 E. Genesee Street Tampa, FL 33610	MRECTORS Name and Title: Address:	
ARTICLE V Name and T Address Name and T	ittle: Samantha Brown (P) 3201 E. Genesee Street Tampa, FL 33610	Mame and Title: Name and Title: Name and Title:	
ARTICLE I Name and T Address	itle: Sylvia Wilson (VP) Spirited Samantha Brown (P) 3201 E. Genesee Street Tampa, FL 33610	MRECTORS Name and Title: Address:	
ARTICLE I Name and T Address Name and T Address	itle: Samantha Brown (P) 3201 E. Genesee Street Tampa, FL 33610 Sylvia Wilson (VP) 3201 E. Genesee Street Tampa, FL 33610	Mame and Title: Name and Title: Address: Address:	
ARTICLE V Name and T Address Name and T	itle: Samantha Brown (P) 3201 E. Genesee Street Tampa, FL 33610 Sylvia Wilson (VP) 3201 E. Genesee Street Tampa, FL 33610	Mame and Title: Name and Title: Name and Title:	

Name and Title:_		Name and Title:	
Address _		Address:	
-			_ _
Name and Title:		Name and Title:	
Address _		Address:	
-			
_			_
	REGISTERED AGENT lorida street address (P.O. Box NOT accep	table) of the registered agent is:	
Name:	Samantha Brown		SE SIVIC
Address:	3201 E. Genesee Street		
	Tampa, FL 33610		二 · 第2年 635年
			THE REPORT
	<u>INCORPORATOR</u> <u>Idress</u> of the Incorporator is:		STATE RATION 2: 38
Name:	Samantha Brown		6
Address:	3201 E. Genesee Street		
	Tampa, FL 33610		
Effective date, if	other than the date of filing: 07/11/20 late is listed, the date must be specific and	17 d cannot be more than five days prior or 90 days a	fter the filing.)
	inserted in this block does not meet the aptive date on the Department of State's reco	olicable statutory filing requirements, this date will nords.	t be listed as the
		of process for the above stated corporation at the plo registered agent and agree to act in this capacity	ice designated in this
Required Signature of Registered A		07/11/20	17
	ument and affirm that the facts stated here nt of State constitutes a third degree felony o	n are true. I am aware that any false information sub is provided for in s.817.155, F.S.	mitted in a document
\bigcirc a	Martha Signature of Incorp	07/11/20)17
	Required Signature of Incorp	porator Da	ate

6.0