

N18000003494

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(City/State/Zip/Phone #)

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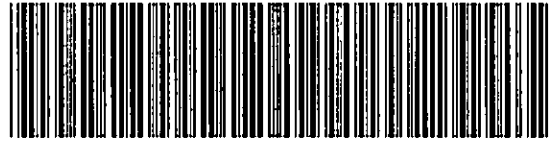
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MAR 28 2018



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FILED
18 MAR 22 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: RESTORER OF THE BREACH OUTREACH MINISTRIES, 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: RESTORER OF THE BREACH OUTREACH MINISTRIES
Name (Printed or typed)

930 SWISS POINTE LANE ROCKLEDGE
Address

Rockledge Florida 32955
City, State & Zip

321-427-9831
Daytime Telephone number

holyhustler@gmail.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: RESTORER OF THE BREACH OUTREACH MINISTRIES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different:

930 Swiss Pointe Lane

Rockledge FL 32955

FILED
18 MAR 22 PM 3:00
CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR FAMILY GROWTH AND WORSHIP IN
THE COMMUNITY

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

APPOINTMENTS ARE DELEGATED BY THE PASTOR/AS STATED BY THE
BY-LAWS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHARLES : PASTOR Name and Title: SHARON BRYANT : SECRETARY
BRYANT

Address: _____ Address: _____

Name and Title: VERONICA MERRITT - ~~SECRETARY~~ Name and Title: SYLVIA MERRITT : TREASURER

Address: _____ Address: _____

Name and Title: SHARON BRYANT - D Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

 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: CHARLES L. BRYANT
 Address: 930 SWISS POINTE LN
ROCKLEDGE FL 32955

ARTICLE VII INCORPORATOR

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

Name: CHARLES L. BRYANT
 Address: SWISS POINTE LN
ROCKLEDGE FL 32955

FILED
 18 MAR 22 PM 3:00
 Above Party or State
 TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: MARCH 19, 2018 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

Charles L Bryant
 Required Signature of Registered Agent

MARCH 17, 2018
 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.

Charles L Bryant
 Required Signature of Incorporator

MARCH 17, 2018
 Date