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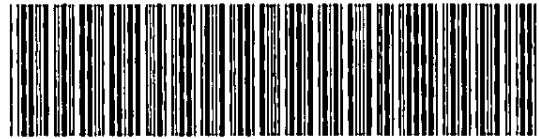
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18 OCT -1 PM 3:00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 18, 2018

GARY B. HINES
P.O. BOX 279
BELLEVIEW, FL 34421 US

SUBJECT: FAITH COVENANT MINISTRIES/CITY VIEW MINISTRIES
INTERNATIONAL, INC
Ref. Number: W18000083349

We have received your document for FAITH COVENANT MINISTRIES/CITY VIEW MINISTRIES INTERNATIONAL, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 218A00019415

18 OCT -1 PM 3:00

COVER LETTER

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

SUBJECT: Faith Covenant Ministries City View Ministries International, 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: Gary D. Hines

Name (Printed or typed)

P.O. Box 279

Address

Belleview, Florida 34421

City, State & Zip

303-359-8019

Daytime Telephone number

garyhinescvmi@gmail.com

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

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

18 OCT -1 PM 3:00

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

ARTICLE I NAME

The name of the corporation shall be: Faith Covenant Ministries City View Ministries International, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6019 S.E. 122nd Place

Belleview, Florida

34420

Mailing address, if different is:
P.O. Box 279

Belleview, Florida

34421

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to encourage, equip, train pastors and leaders world-wide for expanding the Kingdom of God.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Directors are elected by the BOARD OF DIRECTORS at the annual Board meeting

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gary D. Hines / CEO

Address 6019 S.E. 122nd Place

P.O. Box 279

Belleview, Florida

Name and Title: Kathleen Hines /Vice President

Address: 6019 S.E. 122nd Place

P.O. Box 279

Belleview, Florida

Name and Title: Sylvia Miley / Director

Address 24 Whalen Ave.

Sicklerville, N.J. 08081

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

18 OCT -1 PM 3:00

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: Gary D. Hines
Address: 6019 S.E. 122nd Place
Bellevue, Florida 34420

ARTICLE VII INCORPORATOR

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

Name: Gary D. Hines
Address: P.O. Box 279
Bellevue, Florida 34421

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: September 12, 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:

Gary D. Hines
Required Signature of Registered Agent

September 12, 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.

Gary D. Hines
Required Signature of Incorporator

September 12, 2018
Date

18 OCT -1 PM 3:00