

71800012583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

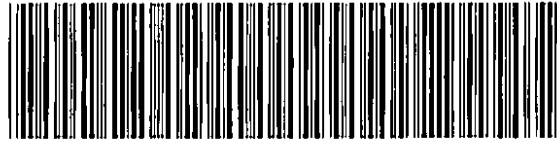
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

DEC 03 2018
12:00 PM



200321629822

12/03/18--01004--005 **87.50

RECEIVED
CLERK OF STATE
18 DEC -3 AM 10:21

FILED
2018 DEC -3 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Believers Of The Word Deliverance 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: Apostle Jacquelyn D. Robinson
Name (Printed or typed)

P.O. Box 5781
Address

Tallahassee FL. 32314
City, State & Zip

850-775-0281 or 879-6240
Daytime Telephone number

ApostleJRobinson@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:

Believers Of The WORD Deliverance Ministries
Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2515 Golden Pk Ln.
Talla. FL 32303

Mailing address, if different is:

P.O. Box 5781
Tallahassee, FL 32314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Believers Of The WORD Deliverance
Ministries, Inc. has been organized to Minister
to the Spiritual, Physical and Social needs
of people that are in need.
This Corporation is a Non-Profit Religious
Organization.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Board
group appointed.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Apostle Jacquelyn Robinson - [REDACTED] / Pastor

Address: P.O. Box 5781
Tallahassee, FL
32314

Name and Title: Elder Charles Robinson

Address: P.O. Box 5781
Tallahassee, FL
(Pastor) 32314

Name and Title: Sis. Salethya Sairo

Address: 1613 Elberta Dr.
Tallahassee, FL
(Sec.) 32304

SECRETARY OF STATE
TALLAHASSEE, FL 32304

2018 DEC -3 1:10:53

FILED

Name and Title: Elda Dawn Smith Name and Title: _____
Address: 402 Deslin Dr. Address: _____
Tallahassee, Fl.
(Treasurer) 32305

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: Apostle Jacquelyn D. Robinson
Address: 2515 Golden Pk Ln. 32303
Talla. Fl. 32314

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Apostle Jacquelyn D. Robinson
Address: P.O. Box 5181 2515-Golden Pk. Ln. 32303
Talla. Fl 32314 -

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Apostle Jacquelyn D. Robinson 12-3-2018
Required Signature of Registered Agent 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.

Apostle Jacquelyn D. Robinson 12-3-2018
Required Signature of Incorporator Date