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(Business Entity Name)

(Document Number)

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JAN - 4 2019



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19 JAN -3 PM 4:49
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2019

DEXTON LINDSAY
4987 N UNIVERSITY DRIVE, STE 13A
LAUDERHILL, FL 33351

SUBJECT: TRANSFORMATION MINISTRIES FLORIDA INC.
Ref. Number: W19000000443

We have received your document for TRANSFORMATION MINISTRIES FLORIDA INC. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

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.

Keyna E Page
Regulatory Specialist II

Letter Number: 919A00000098

I, KEVIN HALL am the owner of TRANSFORMATION MINISTRIES FLORIDA INC,
with the document number of P18000001818. I have no intentions on
reinstating the entity as a Corporation. Please push through with the new filing as TRANSFORMATION
MINISTRIES FLORIDA INC, with the tracking number of
W19000000443.

61-JUN-3 1

COVER LETTER

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

SUBJECT: TRANSFORMATION MINISTRIES FLORIDA 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: DEXTON LINDSAY

Name (Printed or typed)

4987 N. UNIVERSITY DRIVE; SUITE #13A

Address

LAUDERHILL, FL 33351

City, State & Zip

(954) 733-3603

Daytime Telephone number

MORESERVICEGROUP@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: TRANSFORMATION MINISTRIES FLORIDA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4987 N. UNIVERSITY DRIVE

SUITE #32

LAUDERHILL, FL 33351

Mailing address, if different is:

P.O. BX 120981

FORT LAUDERDALE, FL 33312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE CORPORATION IS BEING FORMED AS A NOT FOR PROFIT FOR
THE PURPOSES OF PROVIDING SERVICE TO THE GREATER COMMUNITY AND MEMBERS OF THE CONGREGATION
THROUGH DEPARTMENTS AND PROGRAMS AND ANY AND ALL OTHER ACTIVITIES PERMITTED UNDER THE
APPLICABLE LAW(S) AND/OR THE LAWS OF FLORIDA.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>SHARON ROLLE, P</u>	Name and Title:	<u>PRATT BROWN, D</u>
Address	<u>P.O. BOX EE15036</u>	Address:	<u>4020 INVERRARY BLVD.</u>
	<u>VENICE BAY NASSAU BAHAMAS.</u>		<u>APT. #20A</u>
	<u>BS. 00000 BS</u>		<u>LAUDERHILL, FL 33319 US</u>
Name and Title:	<u>ANTHONY FARRINGTON, VP</u>	Name and Title:	<u>ROOSEVELT K WHYMS, D</u>
Address	<u>P.O. BOX EE15036</u>	Address:	<u>P.O. BOX EE-17617</u>
	<u>VENICE BAY NASSAU BAHAMAS.</u>		<u>LEEWARD EAST NASSAU</u>
	<u>BS. 00000 BS</u>		<u>BAHAMAS, BS 00000 BS</u>
Name and Title:	<u>KEVIN HALL, S/D</u>	Name and Title:	<u>PAUL ROLLE, D</u>
Address	<u>4020 INVERRARY BLVD.</u>	Address:	<u>P.O. BOX EE15036</u>
	<u>APT. #20A</u>		<u>VENICE BAY NASSAU BAHAMAS.</u>
	<u>LAUDERHILL, FL 33319 US</u>		<u>BS. 00000 BS</u>

FILED
CLERK OF DISTRICT COURT
FLORIDA

19 JAN -3 PM 4:49

TRANSFORMATION MINISTRIES FLORIDA INC.

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: KEVIN HALL

Address: 4020 INVERRARY BLVD; APT #20A

LAUDERHILL, FL 33319

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DEXTON LINDSAY

Address: 4987 N. UNIVERSITY DRIVE; SUITE #13A

LAUDERHILL, FL 33351

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TALLAHASSEE, FLORIDA

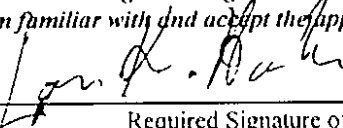
ARTICLE VIII EFFECTIVE DATE:

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


Required Signature of Registered Agent

12/10/2018

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.


Required Signature of Incorporator

12/10/2018

Date