

N200000000331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

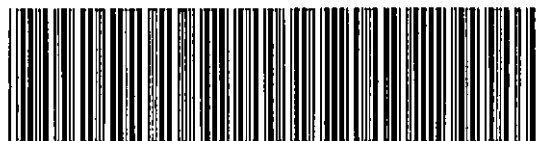
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: ALMIGHTY 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

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2019 DEC 16 AM 8:54  
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TALLAHASSEE, FLORIDA

FROM: EURENA PHILLIPS  
Name (Printed or typed)

4881 GRIFFIN ROAD  
Address

DAVIE FL 33314  
City, State & Zip

954-581-1454  
Daytime Telephone number

EURENA.PHILLIPS@comcast.net  
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: ALMIGHTY MINISTRIES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

4881 GRIFFIN ROAD P.O. BOX 290213  
DAVIE FL 33314 DAVIE, FL 33329-0213 us

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: THE PURPOSE FOR WHICH  
THIS CORPORATION IS FORMED IS FOR  
CHARITABLE, EDUCATIONAL PURPOSES,  
THE INSTRUCTION OR TRAINING OF  
INDIVIDUAL FOR THE PURPOSE OF  
DEVELOPING HIS OR HER CAPABILITIES  
THE INSTRUCTION OF THE PUBLIC, BENEFIT COM-  
MUNITY.

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

ELECTED AT THE ANNUAL MEETING

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>MARCELLO CARIDI</u>	Name and Title:	_____
Address	<u>4881 GRIFFIN RD</u>	Address:	_____
	<u>DAVIE FL 33314</u>		_____
	<u>PRESIDENT</u>		_____
Name and Title:	<u>EURENA PHILLIPS</u>	Name and Title:	_____
Address	<u>4881 GRIFFIN RD.</u>	Address:	_____
	<u>DAVIE FL 33314</u>		_____
	<u>SECRETARY</u>		_____
Name and Title:	<u>BILLY THOMPSON</u>	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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: EURENA PHILLIPS  
Address: 4881 GRIFFIN ROAD  
DAVIE FL 33314

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: EURENA PHILLIPS  
Address: 4881 GRIFFIN ROAD  
DAVIE FLA 33314

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01-01-2020 (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:

Eurena Phillips  
Required Signature of Registered Agent

12-06-2019  
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.

Eurena Phillips  
Required Signature of Incorporator

12-06-2019  
Date