## Na1000001176

| (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: |
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ALLAHASSEEFFLE

SECRETARY OF ST

2021 JUN 14 PM 1: 15

## **COVER LETTER**

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

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

□ \$70.00

□ \$78.75

Filing Fee Filing Fee &

Certificate of

Status

□\$78.75

Filing Fee & Certified Copy

\$87.50

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

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: The Body of Jous        | Phrist Datreach Ministres INC.         |
|--|--|
| ARTICLE II PRINCIPAL OFFICE  |  |
| Principal street address:  280 Makaya LN.  Quincy, Pla. 32352                | Mailing address, if different is:      |
| , ,  | ine it weld. To concil                 |
| ARTICLE IV MANNER OF ELECTION The manner in which the                        | e directors are elected and appointed: |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS                                  | ard; sporting T                        |
| Name and Title: Mes pk. Wes of have for Name and Address:  Duincy Flor 32352 | Title:  PR 1 15  PR 1 15               |
| Name and Title: Rodney Sapp Name and Address:  Punky Her. 32353              | Title:                                 |
| $S_{00} = \frac{1}{1111111111111111111111111111111111$                       | · · · · · · · · · · · · · · · · · · ·  |

| Name and Ti                  | ille: Majesty Thomas  | _ Name and Title:_                       | ,<br>   |  |            |
|------------------------------|---|--|---|--|------------|
| Address                      | and li  | ∠ Address:   ≟                           | ·   | : <b>-</b> /   |            |
|                              | Quing 1 Ha. 82 35   | 3  |   | <i>v</i> –   |            |
| DIR.<br>Name and Ti          | ille: Nestry Marteston Jx   | Name and Title                           |   |  |            |
| Address                      | 2437 Alog TOWN Rd.  | _ Address: _                             | -   |  |            |
|                              | Quinit, 4/a,3237  | -<br>-                                   | 0   | , <del>.</del> -   |            |
| ARTICLE V                    | <u> </u>  | eptable) of the registe                  | ered agent is:                                  | 2021<br>SE   |            |
| Name:                        | Mesta, L. Charles   | tor SR,                                  | and ugent in                                    | CRET JUN   | - <u>.</u> |
| Address:                     | 280 Nakayla   | Int                                      |   | <b>全型</b>  |            |
|                              | Quincy, Flai32  | 355                                      |   | 2021 JUN 14 PM 1: 15<br>SECRETARY OF STAT<br>TALLAHASSEE, FL | Ţ          |
| ARTICLE V                    |   |  |   | CAE 5  |            |
| The <u>name ar</u><br>Name:  | nd address of the Incorporator is:  | stor SR,                                 |   |  |            |
| Address:                     | 280 Makayla   | <u>, LM.</u><br>2353                     |   |  |            |
| Effective dat                | ATHE EFFECTIVE DATE: te, if other than the date of filing: tive date is listed, the date must be specific a | 2021                                     | (OPTIONAL) than five days prio                  | r or 90 days after the filing.)                              |            |
|                              | date inserted in this block does not meet the a effective date on the Department of State's rec             |  | filing requirements. t                          | his date will not be listed as the                           |            |
| Having been<br>certificate/I | i named as registered agent to accept service<br>an familiar with and accept the appointment of             | of process for the as registered agent a | above stated corpora<br>nd agree to act in this | ntion at the place designated in this scapacity              | s          |
| 4/                           | Required Signature of Registered  | 5K,                                      |   | 6/11/202/<br>Date  |            |
|                              | decument and affirm that the facts stated here  | ein are true. I am aw                    |   | rmation submitted in a document t                            | o          |
| ine Deparim                  | ant of State constitutes a shird degree Jelony as   | = 5R,                                    |   | 6/11/2021  |            |
| •                            | Required Signature of Inco  | прогатот                                 |   | Date   |            |