

N2100001 3203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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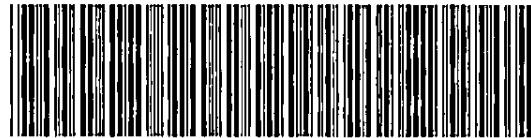
(Business Entity Name)

(Document Number)

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NOV 17 2021

COVER LETTER

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

SUBJECT: TRUE LOVE PROPHECY INTERNATIONAL 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: DOROTHY E. ALEXANDER
Name (Printed or typed)

1705 GROVE ST
Address

MAITLAND FLORIDA 32751
City, State & Zip

407-538-6036
Daytime Telephone number

T.L.P.I.M.3@YAHOO.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: TRUE LOVE PROPHECY INTERNATIONAL MINISTRIES INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:

1705 Grove Street

MAITLAND FL 32751

Mailing address, if different is:

P.O. Box 940464

MAITLAND FL 32794

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To hold Christian Religious Services, and functions, and to aid as an Community Outreach.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Appointed by founder

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DOROTHY E ALEXANDER (CEO) Name and Title: _____

Address: 1705 GROVE ST Address: _____
MAITLAND FL 32751

Name and Title: TAMEKA King (Admin) Name and Title: _____

Address: 110448 NELSON PARK DR Address: _____
APT #107
CLERMONT, FL 34714

Name and Title: DARLENE Couture (Trustee) Name and Title: _____

Address: 16051 Village Cir Address: _____
Orlando FL 32822

2021 NOV - 9 PM 5:21

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: DOROTHY E. ALEXANDER

Address: 1705 GROVE STREET

MAITLAND FL 32751

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DOROTHY E ALEXANDER

Address: 1705 GROVE ST

MAITLAND FL 32751

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

Dorothy E. Alexander
Required Signature of Registered Agent

11/03/21
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.

Dorothy E. Alexander
Required Signature of Incorporator

11/03/21
Date

2021 NOV -9 PM 5:20
CLERK OF COURT