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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

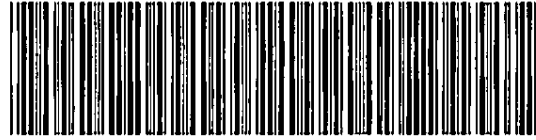
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2022 MAY -4 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Ministers' Spouses of "The Outstanding
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
Orlando District, Corp

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: Luzenia P. Sanchez
Name (Printed or typed)

5111 Lighthouse Rd.
Address

Orlando, FL 32808-1625
City, State & Zip

407-295-4506
Daytime Telephone number

rev/psanchez@att.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: Ministers' Spouses of The
Outstanding Orlando District Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5111 Lighthouse Rd.
Orlando, Fl. 32808-1625

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FL 32399

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To support the immediate
family of the pastors and pastors wives
of The Outstanding Orlando District

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Election
is by the body (spouses) Exception - Consultant

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

President
Name and Title: Brenda Porter
Address: 2951 Silver Ridge
Drive
Orlando, Fl 32818

Secretary
Name and Title: Cassandra Jackson
Address: 3998 So. Lake
Orlando Pkwy.
Orlando, Fl. 32808

Worship Leader
Name and Title: Geneva Floyd
Address: 501 Ventura Ave.
Orlando, Fl. 32805

Vice-President
Name and Title: Gregory Brown
Address: 6385 Powers Pointe Circle
Orlando, Fl. 32818

Treasurer
Name and Title: Luzenia Sanchez
Address: 5111 Lighthouse Rd.
Orlando, Fl. 32808-1625

Consultant
Name and Title: Rhonda Broomfield
Address: 881 Bartel Lane
Rockledge, Fl. 32958

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: Lugenia P. Sanchez
Address: 5111 Lighthouse Rd.
Orlando, Fl. 32808-1625

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lugenia P. Sanchez
Address: 5111 Lighthouse Rd.
Orlando, Fl. 32808-1625

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

Lugenia P. Sanchez
Required Signature of Registered Agent

4/21/2022
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.

Lugenia P. Sanchez
Required Signature of Incorporator

4/21/2022
Date