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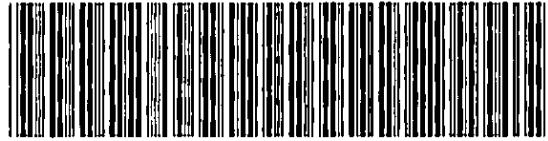
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12/05/22 10:04 AM
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 DEC -5 AM 9:20

FILED

COVER LETTER

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

SUBJECT: ReviveNow Ministries Int'l 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: ReviveNow Ministries Int'l Inc
Name (Printed or typed)

3309 Fawnwood Dr
Address

Ocoee, FL 34761
City, State & Zip

407-624-9999
Daytime Telephone number

ReviveNowInternational@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: ReviveNow Ministries Int'l Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3309 Fawnwood Dr

Ocoee, FL 34761

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To preach the gospel and to provide support and resources for all those we intend to minister to. To train and raise up local teams to minister in the communities.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as per bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marcelino Neto, President

Name and Title: _____

Address 3309 Fawnwood Dr

Address: _____

Ocoee, FL 34761

Name and Title: Fabiana Neto, Vice President

Name and Title: _____

Address 3309 Fawnwood Dr

Address: _____

Ocoee, FL 34761

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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2022 DEC -5 AM 9:20
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32304

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: Fabiana Neto _____

Address: 3309 Fawnwood Dr _____

Ocoee, FL 34761 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Fabiana Neto _____

Address: 3309 Fawnwood Dr _____

Ocoee, FL 34761 _____

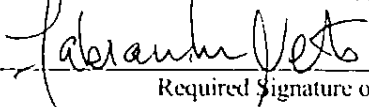
ARTICLE VIII EFFECTIVE DATE:

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

11/28/22

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

11/28/22

Date