

NZ3000003104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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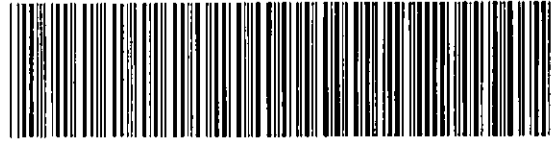
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Deliverance Temple Ministries East (DTM East)
(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: Antonio C. Wimberly
Name (Printed or typed)

703 Cable Dr
647 Duane Street
Address

Tallahassee, FL 32304
City, State & Zip

(305) 926-9503
Daytime Telephone number

dministrieseast@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: Deliverance Temple Ministries East Campus Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

647 Dunn street

Tallahassee, Fl

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This is a religious organization designed
for spiritual gatherings.

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

voted upon

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Antonio Wimberly Pastor

Address: 703 Cable Dr
Tallahassee, Fl 32301

Name and Title: Anita Wimberly Member

Address: 703 Cable Dr
Tallahassee, Fl 32301

Name and Title: LaShawba Howe

Address: (Secretary)

Name and Title: Alex Patrick Deacon

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

2023 MAR 22

AM 11:44

STATE

FILED

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: Antonio C. Wimberly

Address: 703 Cable Dr

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Antonio C. Wimberly

Address: 703 Cable Dr

Tallahassee, FL 32301

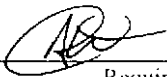
ARTICLE VIII EFFECTIVE DATE:

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

March 22, 2023
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

March 28, 2023
Date

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STATE
FL