

Florida Department of State  
Division of Corporations  
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Division of Corporations  
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TALLAHASSEE, FL

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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**The Covenant Feeding Ministry Inc.**

Certificate of Status	0
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**COVER LETTER**

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

**SUBJECT:** The Covenant Feeding Ministry 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:** Erik Treutlein, Legalzoom.com, Inc.

\_\_\_\_\_  
Name (Printed or typed)

9900 Spectrum Drive

\_\_\_\_\_  
Address

Austin, TX 78717

\_\_\_\_\_  
City, State & Zip

323 962-8600 ext. 9724

\_\_\_\_\_  
Daytime Telephone number

menelasgarry@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: The Covenant Feeding Ministry Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address:1122 S Congress Ave Ste GWest Palm Beach, FL 33406

Mailing address, if different is:

**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Religious Feeding and Clothing the Homeless or less fortunate**ARTICLE IV MANNER OF ELECTION**The manner in which the directors are elected and appointed: The method by which the directors of the corporation are elected or appointed will be stated in the bylaws.**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Garry Menelas (P,T,D)Address: 1122 S Congress Ave Ste G  
West Palm Beach ,FL 33406Name and Title: Georges Menelas (S,D)Address: 1122 S Congress Ave Ste G  
West Palm Beach ,FL 33406Name and Title: Myriam Menelas (D)Address: 1122 S Congress Ave Ste G  
West Palm Beach, FL 33406

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: Garry Menelas  
Address: 1122 S Congress Ave Ste G  
West Palm Beach, FL 33406

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Garry Menelas  
Address: 1122 S Congress Ave Ste G  
West Palm Beach, FL 33406

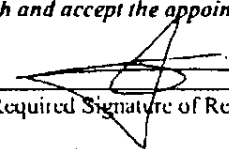
**ARTICLE VIII EFFECTIVE DATE:**

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

Garry Menelas

*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

Garry Menelas

9/30/2024  
Date9/30/2024  
Date