

N9800005825

TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 OCT 12 PM 4:26

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

400002643984--0
-09/18/98--01097--022
****131.25 ****131.25

SUBJECT: Wings of Healing Evangelistic Pentecostal 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

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Otis Dan Jordan
Name (Printed or typed)

3 Everglades Street
Address

Belle Glade, Florida, 33430-5015
City, State & Zip

(561) 996-2513
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

D. BROWN OCT 12 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

September 22, 1998

SHIRLEY ANN JORDAN
3 EVERGLADES STREET
BELLE GLADE, FL 33430

SUBJECT: WINGS OF HEALING PENTECOSTAL MINISTRIES, INC.
Ref. Number: W98000021643

We have received your document for WINGS OF HEALING PENTECOSTAL MINISTRIES, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6972.

Doris Brown
Document Specialist

Letter Number: 298A00047733

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

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ARTICLE I NAME

The name of the corporation shall be:

Wings of Healing Evangelistic Pentecostal Ministries Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3 Everglades Street
Belle Glade, Florida 33430-5015

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

The purpose for this corporation is to organize a church for nonprofit.

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

Maybe as stated in the by laws.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Otis D. Jordan
3 Everglades Street
Belle Glade, Florida 33430-5015

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

Otis D. Jordan & Shirley A. Jordan
3 Everglades Street
Belle Glade, Florida 33430-5015

Otis D. Jordan Shirley A. Jordan
Signature/Incorporator

10-8-98

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Otis D. Jordan
Signature/Registered Agent

10-8-98

Date