#### TRANSMITTAL LETTER

# 19800006004

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

000002625220--5 -08/26/98--01033--021 \*\*\*\*\*78,75 \*\*\*\*\*78.75

SUBJECT:	Croposed corpor	FUGE TNO ate name) must include suf	(fix)
Enclosed is an original	and one(1) copy of the articles	s of incorporation and a c	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: REO. TIM BUMGAROUTER  Name (Printed or typed)			
Ţ	20. Box (78 24)	ddress	98 OCT 21 PM SECRETARY OF TALL ANASSEE
-	City, S	* + ( - 3 5 7 1 (c) State & Zip	PR 4: 0

(U-22590

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



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 5, 1998

REV. TIM BUMGARDNER P.O. BOX 17824 W. PALM BEACH, FL 33416

SUBJECT: CITY OF REFUGE Ref. Number: W98000022590

We have received your document for CITY OF REFUGE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

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) 487-6927.

Tracy Smith Document Specialist

Letter Number: 998A00049388

#### **ARTICLES OF INCORPORATION**

FOR

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SECRETARY OF STATE
TALLAHASSEE TI OFF

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

#### ARTICLE I NAME

The name of the corporation shall be:

CITY OF REFUGE THE

### ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

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

1900 S. COMERES & AUE WPB FL. 33405

P.O. BOY (1924 WAR FC. 334

ARTICLE III PURPOSE(S)

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

HOMELESS aND UNDERPRIVEDBED OUTREACH MINISTREY

(feeders, clothing, incomagnet, pob placement etc.)

## ARTICLE IV MANNER OF ELECTION OF DIRECTORS

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

DIRECTORS ARE APPOINTED BY THE PRESIDENT (PASTOR)

## ARTICLE V LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

# ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and the street address of the initial registered agent is:

REY. TIM BUMGARONTER
138 WRANGLEWOOD DR.
WELLINGTON FL. 33414

#### ARTICLE VII INCORPORATORS

The name(s) and street address(es) of the incorporator(s) for these Articles of Incorporation is(are):

Tim and Georgia Rumbardoniere 138 WRANGLELOODD P.C. WEILLS TON FC. 33414

Signature(s) of the Incorporator(s)

Typed name of incorporator signing

GEORGIA BUMGARAKER

Typed name of incorporator signing

Typed name of incorporator signing

Articles of Incorporation Filing Fee \$35

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

Signature/Registered Agent

Date

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FILED
98 OCT 21 PN 4: 07
SECRETARY OF STATE
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