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TRANSMITTAL LETTER

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

| SUBJECT: A | LALA BHEGO | HIVISTR | ies. Iv | | | | |
|---|--|--------------------------------------|--|--|--|--|--|
| | / ` (PROPOSED CORPORAT | E NAME – <u>MUST INCLU</u> | <u>de suffix</u>) | | | | |
| | | | | | | | |
| 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 | Name (Pri 1645 LINTON Ad | nted or typed) | spt."K" | | | | |

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 27, 2005

CHARLES MACDONALD 1645 LINTON LAKE DR. APT K DELRAY BEACH, FL. 33445

SUBJECT: APLHA OMEGA MINISTRIES

Ref. Number: W05000031314

We have received your document for APLHA OMEGA MINISTRIES and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the corporation is being organized.

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) 245-6928.

Tim Burch Document Specialist New Filings Section

Letter Number: 905A00043466

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

| ARTICLE I NAME | | | |
|--|---|--|------|
| The name of the corporation shall be: | ゴ の | 0 | |
| TABERNACULO AlphA OMEGA INC. | 100 | 05 JUL 18 | |
| • | 27 | | |
| ARTICLE II PRINCIPAL OFFICE | P.S. | <u>. </u> | TI |
| The principal place of business and mailing address of this corporation shall be: | SET | 8 | |
| 2220 NW 102 STR. | ئےسی | 2 | [1] |
| Migmi Rh. 33147 | ECKETAKT ÜF STÄTL LLAHASSEE, FLORIDA | <u></u> | _ |
| ARTICLE III PURPOSE | 85 | | |
| The purpose for which the corporation is organized is: | <u></u> | Ö | |
| | • | | |
| Church MINISTRY | | | |
| | | | |
| | | | |
| ARTICLE IV MANNER OF ELECTION The manner is which the disease see elected as a second | | | |
| The manner in which the directors are elected or appointed: | | | |
| By Appointment. | | | |
| <i>37 777</i> | | | |
| | | | |
| ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS | | | |
| List name(s), address(es) and specific title(s): | | | |
| Charles MacDonald, PRESIDENT BARBARA MACDONALD, Secretary. | | | |
| O I and Mar Davids O I along | | | |
| BAR DAKA THE LOURD I SECRETARY. | | | |
| • | | | |
| | | | |
| ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS | | | |
| The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: | | | |
| Charles MAC DONALD. Apt. K. | | | |
| MIT 1 word 1 k her) Apt. K. | | | |
| Delaw Park Pl 721015 | | | |
| Del RAY Beach Pla 33445. ARTICLE VII INCORPORATOR | | | |
| The name and address of the Incorporator is: | | | |
| Charles Mac Donald | | | |
| CHARLES MAC DONALD | | | |
| 1095 LILOSON LK. DRU PARIS | | | |
| 1645 LINDO LK. DRU ADT.K. Delagy Black+************************************ | ***** | **** | * |
| Having been named as registered agent to accept service of process for the above stated corporation at ti | he place a | lesigna | ited |
| n this certificate, I am familiar with and accept the appointment as registered agent and agree to act in | this capac | city. | |
| ///(/)// | 10 1 | 75 | |
| 01- | 12-0 | | |
| Date O7- Date | | | |
| 1/M/// | 12- | 114 | |
| 1/1/2 01- | 16 | | |
| Signature/Incorporator Date | | | |