N12000007212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

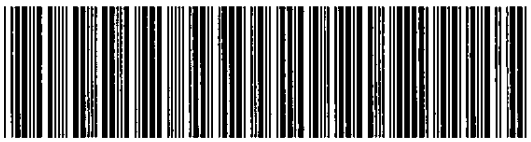
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED
12 JUL 24 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/H

COVER LETTER

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

SUBJECT: STRAIGHT-SHOOTER 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 of Status
- ☐ $78.75 Filing Fee & Certified Copy
- ☐ $87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: AUBREY JAYROE
Name (Printed or typed)

BOX 1217
Address

FORREST CITY AR 72336
City, State & Zip

870-633-6045
Daytime Telephone number

jayroeone@sbcglobal.net
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: STRAIGHT-SHOOTER MINISTRIES, INC. FILED

12 JUL 24 AM 10:49

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

5202 NW 36TH COURT
GAINESVILLE, FL 32653

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

NON-PROFIT ORGANIZATION PER INTERNAL REVENUE SERVICE CODE 501 (C)(3).
SEE ATTACHED DOCUMENT

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

ELECTED BY TOTAL BOARD OF DIRECTORS

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JEFFERY ARNOLD
Address: 5202 NW 36TH COURT
GAINESVILLE, FL 32653

Name and Title: AUBREY L. JAYROE
Address: BOX 1217
FORREST CITY, AR 72336

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: JEFFREY ARNOLD
Address: 5205 NW 36TH COURT
GAINESVILLE, FL 32653

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JEFFREY ARNOLD
Address: 5205 NW 36TH COURT
GAINESVILLE, FL 32653

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 — Date: 07.19.12

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 — Date: 07.19.12