

N 17 0000006674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

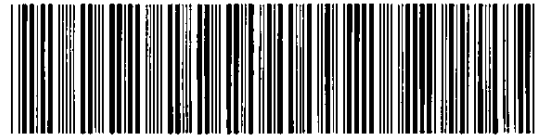
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. FASON
JUN 27 2017

COVER LETTER

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

SUBJECT: Christian Acts Prison Ministries, org 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate
ADDITIONAL COPY REQUIRED	

FROM: Joseph Christian Herring
Name (Printed or typed)

1223 Airport drive
Address

Tallahassee Fla 32304
City, State & Zip

1-850-628-9753
Daytime Telephone number

joseph.herring63@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: Christian Acts Prison Ministries.org Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1223 Airport drive
Tallahassee Florida
32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To develop and have distributed the 12 different 12 Step (personal) Faith base rehabilitation assessment programs nation wide, assisting our states Governors office and Department of Corrections, Rehabil. inmate prisoners for the sufficient protection of Society and cut our nations stubborn recidivism rate (see <http://christianactsprisonministries.org>) on line

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Calling by GOD and distributed my work & Established my "proprietorship"

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph C Herring Name and Title: President

Address: Stewart, Proprietor Address: _____
1223 Airport dr
Tall, FL 32304

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

01:11:10 PM 10/10/10

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: Joseph C Herring
Address: 1223 Airport dr
Tallahassee Fl 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joseph C Herring
Address: 1223 Airport dr
Tallahassee, FL 32304

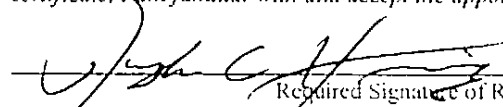
ARTICLE VIII EFFECTIVE DATE:

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

June 27th 2017
Date

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

June 27th 2017
Date