

N24000004735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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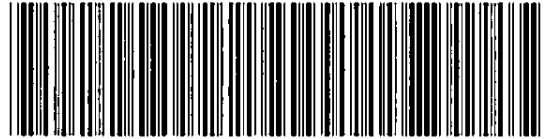
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 19 2024

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2024 APR -4 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Peanut Butter and Jesus 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: Susan Sharlene Westmoreland
Name (Printed or typed)

5787 Citrus Village Blvd, Apt 413
Address

Winter Garden, FL 34787
City, State & Zip

706-409-0802
Daytime Telephone number

KenWestmoreland@icloud.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: Peanut Butter and Jesus Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

5787 Citrus Village Blvd

Apt 413

Winter Garden, FL 34787

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide food to the community in which we serve and minister
to their needs.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Susan Sharlene Westmoreland- President

Address

5787 Citrus Village Blvd

Apt 413

Winter Garden, FL 34787

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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2024 APR -4 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FL

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: Susan Sharlene Westmoreland

Address: 5787 Citrus Village Blvd, Apt 413

Winter Garden, FL 34787

ARTICLE VII INCORPORATOR

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

Name: Susan Sharlene Westmoreland

Address: 5787 Citrus Village Blvd, Apt 413

Winter Garden, FL 34787

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

30 MAR 2024

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

30 MAR 2024

Date

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SECRETARY OF STATE
TALLAHASSEE, FL